CORAL COVE GOLF CLUB MEMBERSHIP APPLICATION

IN: IA19408
AGU Affiliated Club

Date of Application		**Category**		**Membership Fee**	

Applicant details

First Name		**Last Name**		**Date of Birth**	
Known as (Preferred name)		**Gender (Circle)**	Male/Female	**Occupation**	
Address				**Town**	**Post Code**
Phone number		**Mobile number**		**Email**	
Previous club		**Home club/Away**		**Golf Link number**	
Contact in case of emergency **Name**				**Relationship**	
Contact phone		**Contact Mobile**		**Contact Email**	

Terms - Please read and sign.

I agree to abide by the memorandum and articles of association, rules of golf and local rules of the Coral Cove Golf Club and certify that all information is true and correct.

Signature		**Date**	

OFFICE USE ONLY

Date of Payment:	
Amount Paid:	
Method Of Payment:	
Revel Order#:	

OFFICE USE ONLY

Membership #		**Home Club:**	
Player Registered:			

CORAL COVE GOLF CLUB

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CORAL COVE QLD 4670

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