



**Club Pacific @ Carindale**  
 430 Pine Mountain Road, CARINDALE Q 4152  
 Ph: (07) 3343 0888 Fax: (07) 3343 0899  
 Email: admin@pacificgolf.com.au

**Social Membership - Application Form**

Mr  Mrs  Miss  Ms

SURNAME:	GIVEN NAME:
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STREET ADDRESS
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SUBURB	P/CODE:
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HOME PHONE.:	WORK PHONE NO:
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OCCUPATION:	DATE OF BIRTH:
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MOBILE:	EMAIL:
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I do not wish to receive Pacific Newsletters or promotional material by email

How did you hear about Pacific Golf Club Inc? i.e. Friend, Radio, Newspaper Other?
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I, the under signed, make application for Membership of the Pacific Golf Club. I acknowledge that the Board and/or club may at their sole discretion, refrain from or refuse to elect me to Membership without assigning any reason therefore, if elected to membership I agree to be bound by the constitution of the club.

<b>SIGNED:</b>	<b>Date:</b>
<b>Office Use Only</b>	Date paid: <span style="float: right;">Amount:</span>
	Member No: <span style="float: right;">Date Processed:</span>
	Received by (Print Name):