



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

SURNAME:	GIVEN NAME:
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STREET ADDRESS

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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REFEREES:

1. NAME:	PH:
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2. NAME:	PH:
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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.

SIGNED:	Date:
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	Date paid:	Amount:
	Member No:	Date Processed:
	Received by (Print Name):	