

Jarrad Street Cottesloe WA 6013

Phone: (08) 9384 0471 Fax: (08) 9385 2417

E-mail: manager@seaviewgolfclub.com.au

APPLICATION FOR MEMBERSHIP 2018/2019

I wish to join Sea View Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Constitution of the Club.

Signature......Date.....

		will ensure we are able to better assess the make-up of our eds. The 'date of birth' is a requirement for all Members.
Category of Mer	mbership Applied For:	
(Mr / Mrs / Ms /	Miss / Mast / Dr / Othe	r)
First Name		Known as
Surname		Middle Initial
Home Address		
Suburb		Postcode
Postal Address		
Suburb		Postcode
Telephone:	Home	Business
	Fax	Mobile
E-Mail		
(this email addr	ess will be used to comr	nunicate club correspondence unless you advise otherwise)
Occupation		Date of Birth///
Previous Golf Clu	np	Previous Handicap
Previous Golflink	k Number	Will we be your Home Club?
Proposer's Name	e	Signature
Seconder's Nam	e	Signature
Emergency Fami	ly Contact Information:	
Name (Print Firs	t and Surname)	
Relationship (i.e	. Wife, Son, Friend)	
Phone Number (for emergency contact)	

2019 YEAR FEES

Category	Subscription (Incl GST)	Other Charges *	Bar Credit **	Machinery Fund	Total Fee Payable	
	All prices are in \$'s					
Full	2065	80	300	300	2745	
Six Day	1610	80	100	300	2090	
9 Hole (Mon – Fri)	1070	80	100	200	1450	
Intermediate 1 (19-22)	370	80	0	100	550	
Intermediate 2 (23 – 26)	670	80	0	100	850	
Sunday	870	80	0	100	1050	
Country	580	80	0	100	760	
Social Playing	500	80	100	100	780	
Junior (18 and under)	150	55	0	0	205	
Leave of Absence	100	0	0	0	100	
Social	25	0	0	0	25	
Trial (3 mths)	500	0	100	0	600	

^{*} Other charges include compulsory Golf WA Affiliation fee and Insurance fees

Trial Membership

An introductory membership category to enable you to get a feel for the club and its members, prior to committing to a yearly membership. If Full or 6-day membership is taken up, the Trial subscription fees will be refunded.

Group Joining

If you were to join with a friend or friends we are happy to discount the subscription element of the fees. The fees would be revised as follows:

Category	Applicant plus 1 other	Applicant plus 3 others	Applicant plus 6 others	Applicant plus 9 others			
Total Fees Payable \$'s							
Full	2503	2199	1895	1692			
Six Day	1902	1665	1428	1270			
9 Hole (Mon – Fri)	1325	1167	1010	905			

OFFICE USE ONLY				
Deposit Paid	Application posted on Board		Posted to Slice	
Receipt Number: Date of Meeting Approved:				
Date Received:				

^{**} Bar and restaurant credit for you to use throughout the year