



Please hand in your completed form to the Golf Shop or send to:

Email | dshearer@paradisepalms.com.au

Post | PO Box 525, Smithfield, Q 4878

Fax | 4059 1828

GOLD MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

2011

MR | MRS | MS | DR | REV

SURNAME _____ FIRST NAME _____

INITIAL _____ PREFERRED NAME _____

HOME PHONE _____ MOBILE _____

WORK _____ FAX _____

DOB _____ EMAIL _____

MARITAL STATUS _____ PARTNERS NAME _____ ANNIVERSARY DATE _____

STREET ADDRESS

STATE

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GOLF DETAILS

HANDICAP _____ CURRENT HOME CLUB _____

GOLF LINK _____ MAKE PARADISE PALMS MY HOME CLUB YES NO

MEMBERSHIP DETAILS

START DATE: _____

EXPIRY DATE: _____

YEARLY PAYMENT OPTION

QUARTERLY PAYMENT OPTION

GOLD MEMBERSHIP \$ 1200

\$325 PER QTR PAID IN ADVANCE

MEMBER DECLARATION

I agree to the terms and conditions of membership as outlined in the Gold Membership information kit.

SIGNATURE _____ DATE _____

PAYMENT DETAILS

CARD NUMBER _____ EXPIRY _____

NAME ON CARD _____

SIGNATURE _____

I agree to have the total cost as indicated above charged to this credit card

OFFICE USE ONLY

NEW MEMBERSHIP

RENEWAL

PAYMENT PROCESSED

MMS ENTERED/UPDATED

MMS INVOICED/RECEIPTED

QUARTER PAYMENT SET UP

MEMBERSHIP CARD

BAG TAG

PROCESSED BY: _____