



BERRI GOLF CLUB

PO BOX 399, BERRI, SA, 5343

Berri.golf@bigpond.com

08 85823666

Membership Application

Date: / /20

I wish to become a Full / Sports / Junior member of the Berri Golf Club Inc. I understand and agree that membership is subject to acceptance by the General Committee. Upon acceptance I agree to be bound by the Constitution and Rules of the Club.

Full Name:.....

Address:.....P/Code.....

Phone No:

Business.....Home.....Mobile.....

Email.....

Previous Golf Club (if any).....

Previous Handicap..... Golf Link No:.....

Date of Birth:..../..../.....

I enclose my subscription for the current season \$.....

Proposed by: :.....Signed.....

Seconded by:.....Signed.....