



Application Form

Complete this form and send with payment to:

The Links Kennedy Bay
PO Box 8179
Warnbro WA 6169

Enquiries to:

08 9524 5991

Member Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Work Tel: _____ Home Tel: _____ Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____ Handicap: _____

Current Golf Memberships: _____ Golflink No. _____

Previous Golf Memberships: _____ Golflink No. _____

Emergency Contact: Name: _____ Tel No. _____

Category of Membership applied for:

<input type="checkbox"/> <u>Full Membership</u>	<input type="checkbox"/> <u>5 Day Membership</u>	<input type="checkbox"/> <u>5 Day Senior</u>	<input type="checkbox"/> <u>Intermediate 18 - 25</u>
\$ 1210 Membership Fee	\$ 1078 Membership Fee	\$ 957 Membership Fee	\$ 957 Membership Fee
\$ 60 Affiliation/Insurance	\$ 60 Affiliation/Insurance	\$ 60 Affiliation/Insurance	\$ 60 Affiliation/Insurance
\$ 260 Bar Levy	\$ 130 Bar Levy	\$ 130 Bar Levy	\$ 130 Bar Levy
Total: \$ 1530 inc GST	Total: \$ 1268 inc GST	\$ 1147 inc GST	\$ 1147 inc GST

I, (print name) _____ apply for membership at The Links Kennedy Bay and hereby agree to the Dress Code, By Laws and Constitution of the Club.

I hereby acknowledge the rights of the Management Committee of The Links Kennedy Bay in accordance with Rule 10 of the Constitution and Rules of the Club. I acknowledge my membership will expiry annually on 30 June.

Signature: _____ Date: _____

Payment Details

Total Payment: \$ _____ (inc GST)

Cash **Cheque** **Direct Deposit** **Pay as you Golf (PAYG)**

(Payable to The Links Kennedy Bay)

Bank Details

BSB: 016-265
A/c: 4508 21922

www.payasyougolf.com.au

Credit Card

Visa Card Name: _____

Mastercard Card No: _____ / _____ / _____ / _____

Bankcard Expiry Date: ____ / ____

Signature: _____