



# RIVERSIDE GOLF CLUB

T A S M A N I A

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Riverside 7250  
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## APPLICATION FOR MEMBERSHIP

<b>MEMBERSHIP CATEGORY</b>			
<input type="checkbox"/> Full (male & female)	<input type="checkbox"/> 6 Day (male & female)	<input type="checkbox"/> 1 <sup>st</sup> Year Intro. Deal	<input type="checkbox"/> Country (20k from Club)
<input type="checkbox"/> Country (100k from Club)	<input type="checkbox"/> Interstate	<input type="checkbox"/> Senior Student	<input type="checkbox"/> Non Playing (5 games per year)
<input type="checkbox"/> Senior Student	<input type="checkbox"/> Junior 21	<input type="checkbox"/> Junior 20	<input type="checkbox"/> Junior 19
<input type="checkbox"/> Junior 18 – 20	<input type="checkbox"/> Junior 16 – 17	<input type="checkbox"/> Junior 12 – 15	<input type="checkbox"/> Junior 11 & Under
<b>PERSONAL DETAILS</b>			
<b>Gender:</b>		<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Last name</b> (please print): .....			
<b>Given names</b> (please print): .....			
<b>Known by</b> (eg. Bob instead of Robert): .....		<b>Date of birth:</b> __/__/____	
<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Other (please specify) .....			
<b>Previous Club:</b> .....		<b>Handicap:</b> _ _	<b>Golf Link No:</b> _ _ _ _
<input type="checkbox"/> Right handed or <input type="checkbox"/> Left handed		<b>Occupation:</b> .....	
<b>RESIDENTIAL ADDRESS</b>			
<b>No. and Street:</b> .....			
<b>Suburb:</b> .....		<b>Post Code:</b> .....	
<b>POSTAL ADDRESS:</b> .....			
.....		<b>Post Code:</b> .....	
<b>CONTACT DETAILS</b>			
<b>Phone home:</b> ( _ _ ) _ _ _ _ - _ _ _ _		<b>Phone work:</b> ( _ _ ) _ _ _ _ - _ _ _ _	
<b>Mobile:</b> _ _ _ _ _ _ _ _		<b>Email:</b> .....	
<b>EMERGENCY CONTACT DETAILS</b>			
<b>Full name:</b> .....		<b>Relationship:</b> .....	<b>Contact Ph. No.</b> .....

I hereby apply to be admitted as a member of the Riverside Golf Club Incorporated subject to the provisions of the Club Rules. I understand that membership is continuous and I agree to meet my financial obligations to the Club and that cancellation of my membership is required in writing submitted ( before 28<sup>th</sup> February in order not to incur the fees for the year) to the Board through the Club's office, together with any arrears in membership subscriptions. The Board may grant leave of absence for a member who is unable to play for an extended period due to a medical condition; a Doctors certificate is required for the period of the absence. I declare that all details of this application are true.

**Signature of Applicant:**..... **Date:** \_\_/\_\_/\_\_\_\_

**Proposer** (please print): ..... **Signature:** .....

**Seconded** (please print): ..... **Signature:** .....

Get on the right course.....play Riverside