

North Adelaide Golf Club, Inc.

City of Adelaide Golf Links Strangways Terrace, North Adelaide, S.A. 5006 P: +618 8267 3706

E: admin@nagc.org.au

Secretary / Manager - Robert Naffin Mobile: 0407 182 755

To complete fillable form; save form to your PC, complete fillable fields, sign and return form as an email attachment

MEMBERSHIP APPLICATION - April 1st 2023 to March 31st 2024

| Title: First Name: Last Nar | Last Name: | | |
|--|---|------------|-------|
| Address (Including Suburb): | Postcode: | | |
| Telephone: (H) (W) | (Mobile) | | |
| Email: | Date of Birth: | dd/mm/yyyy | |
| Emergency Contact: | | | |
| MEMBERSHIP CATEGORY Please indicate the Membership Category you require by ticking the applicable box. *Note: A pro rata fee will apply based on your joining month. | CLUB FEE | ADMIN FEE | Total |
| CATEGORY 1 MEMBERSHIP Annual Fee \$290 One-off Administration Fee \$150 12 Months - 7 Day Playing Rights + Affiliation Fees. Tick Here | \$290 * | \$150 | \$440 |
| CATEGORY 2 MEMBERSHIP: Annual Fee \$290 + One-off Administration Fee \$150 12 Months - Monday to Friday Playing Rights + Affiliation Fees Tick Here | \$290 * | \$150 | \$440 |
| CATEGORY 3A JUNIOR MEMBERSHIP – 18 Years and under. 12 Months - 7 Day Playing Rights + Affiliation Fees. Pro rata not applicable Tick Here | \$30 (2 Years) Then \$80 per Year | N/A | \$80 |
| CATEGORY 3B MEMBERSHIP – Full time student over 18 years. Annual Fee \$230 + One-off Administration Fee \$150 12 Months - 7 Day Playing Rights +Affiliation Fees. Tick Here | \$230 * | \$150 | \$380 |
| CATEGORY 4 MEMBERSHIP - SOCIAL MEMBER 12 Months Pro rata not applicable Tick Here | \$80 | N/A | \$80 |
| CATEGORY 5 MEMBERSHIP – Pay As You Play. Annual Fee \$290 + One-off Administration Fee \$150 12 Months + Affiliation Fees. Member responsible for payment of green fees on all visits. Tick Here | \$290 * | \$150 | \$440 |
| If you are a member of another Club please complete details below: | | | |
| LUB: GOLFLINK No: | | | |
| Payment Methods: Credit / Debit Card or Direct Credit (No Cash or Cheques) | | | |
| Expiry Date: / CVV No: | | | |
| Print or Type Name: | | | |
| OFFICE USE ONLY PAYMENT RECEIVED BY: Date: | | | |