

Goulburn Golf Club Ltd

ABN: 64 000 897 138

PHONE: (02) 48212454
EMAIL: clubmanager@goulburngolfclub.com.au
WEBSITE: www.goulburngolfclub.com



Blackshaw Road
P O BOX 117
GOULBURN NSW 2580

Application for Golfing Membership 2024/2025

I wish to join the Goulburn Golf Club and hereby apply to be admitted as a member thereof and agree to be subject to the Rules and Regulations of the Club. The committee reserves the right to refuse any application for membership in their absolute discretion without giving reason(s).

ULTIMATE BUSINESS	\$3675	COUNTRY	\$540
BUSINESS	\$1275	COLTS 18-21YRS	\$500
FULL	\$975	JUNIOR U18	\$185
PENSIONER	\$850	JUNIOR U12	\$85
NINE HOLE	\$635		

Type of Membership _____

Signature _____ Date _____

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request.

Title _____ First Name _____ Surname _____

Home Address _____

Suburb _____ Post Code _____

Postal Address (if different to above) _____

Suburb _____ Post Code _____

Contact No. _____ Email _____

Date of Birth _____

Previous Golf Club _____ Previous Handicap _____

Previous Golf Link No. _____ Will Goulburn be your home Club?: Yes/No

IDENTIFICATION: Type _____ No. _____ Expiry Date _____
(Drivers Licence/Passport/Other)

Emergency Contact:

Name _____

Relationship _____ Contact Number _____