



Title: Mr  Mrs  Miss  Other

Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/code \_\_\_\_\_

Phone (h) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you wish to receive a copy of the Annual Report? Yes  No

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I wish to pay by:  Cheque  Mastercard  Visa

Card Number     Expiry  /

Name \_\_\_\_\_ Signature \_\_\_\_\_

Applicants must be 18 years of age and over to be a member. I agree to abide by the decision of the board of management.

Promotions / Marketing  Yes I wish to receive promotional material which may contain special offers and advertising related to birthdays, prize draws, entertainment, food and beverage.

Name \_\_\_\_\_ Signature \_\_\_\_\_

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Present this completed form along with a copy of photo identification to Reception. Alternatively, post this form along with a photocopy of your ID to Coolangatta and Tweed Heads Golf Club, PO Box 6010, Tweed Heads South, NSW 2486.

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**OFFICE USE ONLY:**

Date Paid \_\_\_\_\_

Receipt number \_\_\_\_\_

ID Checked \_\_\_\_\_

Membership number \_\_\_\_\_