COOLANGATTA & TWEED HEADS Golf Club

COOLANGATTA & TWEED HEADS GOLF CLUB

SOCIAL MEMBERSHIP

Scorley Street, Tweed Heads South
P 5524 4544 | F 07 5524 3543
E enquiries@cooltweedgolf.com.au
www.cooltweedgolf.com.au

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 if the Annual Report? Yes ☐ No ☐

I wish to pay by: ☐ Cheque ☐ Mastercard ☐ Visa

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ☐☐/☐☐ CCV ☐☐☐

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_____

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.

OFFICE USE ONLY:

Date Paid_____ Receipt number_____

ID Checked_____ Membership number_____