



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

I wish to pay by: Cheque Mastercard Visa

Card Number	Expiry	CCV
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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.

GAMING PROMOTIONS/MARKETING I authorise CTGC to communicate gaming promotion information either via email or post. , I understand this consent remains in place until the end of the membership period at which time it may be renewed. NOTE; this consent can be removed by the member in writing at any time.

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 & Tweed Heads Golf Club, PO Box 6010, Tweed Heads South, NSW 2486.

OFFICE USE ONLY

Date paid _____ Receipt number _____

ID Checked _____ Membership number _____