



**CAPEL GOLF CLUB (Inc.)  
NOMINATION FOR MEMBERSHIP 2015/16**



The Directors  
Capel Golf Club (Inc.)

Dear Directors,

I desire to become a \_\_\_\_\_ Member of Capel Golf Club (Inc.) and hereby agree in the event of my election to be bound by the Rules of the Club or any regulations thereof for the time being enforced.

**DATE**

\_\_\_\_\_

**MR/MRS/MS/OTHER** please circle \_\_\_\_\_ **SURNAME**

\_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME**

\_\_\_\_\_ **KNOWN AS** \_\_\_\_\_ **Date of Birth**

\_\_\_\_\_ **ADDRESS**

\_\_\_\_\_ **POSTAL ADDRESS**

\_\_\_\_\_ **TELEPHONE** Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_ **EMAIL**

\_\_\_\_\_ **OCCUPATION** \_\_\_\_\_ **EMPLOYER**

\_\_\_\_\_ **Have you been a member of a club before?** YES / NO \_\_\_\_\_ **If so, what club?**

\_\_\_\_\_ **EXISTING HANDICAP** \_\_\_\_\_ **GOLFLINK No.**

\_\_\_\_\_ **COUNTRY MEMBERSHIP** If you are a member of another Club, do you want your Golfink No. transferred to Capel Golf Club? **YES NO**  
By clicking NO means you are keeping your existing membership

\_\_\_\_\_ **SIGNATURE**

\_\_\_\_\_ **HOW WERE YOU INTRODUCED TO THE CAPEL GOLF CLUB?**

**We hereby nominate the above named nominee as a \_\_\_\_\_ Member of Capel Golf Club Inc. We believe he/she is in every respect eligible and fit for membership.**

\_\_\_\_\_ **PROPOSER** \_\_\_\_\_ **NAME**

\_\_\_\_\_ **SECONDER** \_\_\_\_\_ **NAME**

**CLUB ADMINISTRATION ONLY**  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>MEMBER TYPE</b>	<b>AMOUNT</b>	<b>PER MONTH</b>
<i>All memberships are due 1 October, payable by 31 October</i>		
<b><u>MEN</u></b>		
<b>Full</b>	\$1176	\$98.00 + Fees
<b>B</b>	\$588 <small>Competition Fee is \$24.50</small>	\$49.00 + Fees
<b><u>LADIES</u></b>		
<b>Full</b>	\$936	\$78.00 + Fees
<b>B</b>	\$462 <small>Competition Fee is \$24.50</small>	\$39.00 + Fees
<b><u>JUNIORS - BOYS &amp; GIRLS</u></b>		
<b>Under 13 yrs</b>	\$50 <small>*includes Social Membership for parents if not a member</small>	Nil
<b>13-18yrs</b>	\$100 <small>*includes Social Membership for parents if not a member</small>	Nil
<b>18-25yrs</b>	\$360	\$30.00 + Fees
<b>COUNTRY</b> <small>Reside more than 50km from Capel GC</small>	\$300 <small>If your Golfink number belongs to another Club</small>	\$25
	\$420 <small>If your Golfink number belongs to Capel Golf Club</small>	\$35 + Fees
<b>TRIAL</b>	\$135 <b>3 months</b>	
<b>ADDITIONAL FEES</b> <small>Paid by every member <b>NOT PRO-RATA</b></small>	Golfink	\$3.00
	MiClub	\$5.50
	Golf WA	\$34.60

**N.B. Subs can be paid in full or monthly direct debit.  
MONTHLY PAYMENTS MUST BE EX BANK ACCOUNT.**

**FULL FEES CAN BE DIRECT CREDITED TO: BSB 306-128 ACCNT 0012067**

<b>MEMBERS GUEST</b>	<b>NON-COMPETITION</b>	<b>COMPETITION</b>
9 Holes	\$15.00	\$12.50
18 holes	\$25.00	\$24.50