



2019 - 20

MEMBERSHIP

INFORMATION



MEMBER TYPE**AMOUNT****PER MONTH**

All memberships are due 1 October, payable by 31 October

MEN**Full**

\$1374

\$114.50 + Fees

B

\$687

\$57.25 + Fees

LADIES**Full**

\$1134

\$94.50 + Fees

B

\$567

\$45.25 + Fees

JUNIORS - BOYS & GIRLS**Under 13 yrs**

\$50

Nil

*includes Social Membership for parents if not a member**13-18yrs**

\$100

Nil

*includes Social Membership for parents if not a member**18-25yrs**

\$420

\$35 + Fees

COUNTRY

\$354

\$29.50

If your Golfink number belongs to another ClubReside more than 50km
from Capel GC

\$480

\$40 + Fees

If your Golfink number belongs to Capel Golf Club**LIFESTYLE**

\$400

+ Fees

Credit based membership. Please enquire at the office**No direct debit available****TRIAL**

\$135

6 months**AFFILIATION
FEES**

Includes Golfink, MiClub and Golf WA

\$54

paid by every member, NOT PRO-RATA**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**

Nomination Form

DATE		MEMBERSHIP TYPE:			
MR/MRS/MS/OTHER <small>please circle</small>		SURNAME			
FIRST NAME		MIDDLE NAME			
KNOWN AS		Date of Birth			
ADDRESS					
POSTAL ADDRESS					
PHONE		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.			
LOWEST HANDICAP PREVIOUSLY HELD					
COUNTRY MEMBERSHIP		If you are a member of another Club, do you want your Golflink No. transferred to Capel Golf Club?		YES	NO
				By clicking NO means you are keeping your existing membership	
<i>By signing this Nomination Form, you agree to be bound by the rules and regulations of the Capel Golf Club.</i>					
SIGNATURE					
HOW WERE YOU INTRODUCED TO THE CAPEL GOLF CLUB?					
Office use only					
	RECEIVED	MEMBERSHIP No.	PACK RECVD	HANDICAPPER	HANDICAP
DATE & INITIAL					
SUBS AMNT	\$	PAID	INVOICED	INV DATE:	