



2020 - 21 MEMBERSHIP INFORMATION



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

All memberships are due 1 October, payable by 31 October

FULL Member**Full****\$1428****\$119**

Membership includes Affiliation fees

B Member**B****\$687****\$61.75**

Membership includes Affiliation 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****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
				<small>By clicking NO means you are keeping your existing membership</small>	
<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:	