



2021 - 22

MEMBERSHIP

INFORMATION



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

All memberships are due 1 October, payable by 31 October

FULL Member**Full****\$1476****\$123**

Membership includes Affiliation fees

B Member**B****\$765****\$63.75**

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****\$522****\$43.5****\$402****COUNTRY**

If your Golfink number belongs to another Club

Reside more than 50km from Capel GC**\$582****\$48.5**

If your Golfink number belongs to Capel Golf Club

LIFESTYLE**\$454****No direct debit available****Credit based membership. Please enquire at the office****TRIAL****\$150****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

MEMBERSHIP MATRIX

	FULL	B	JUNIOR	COUNTRY	LIFESTYLE	SOCIAL
Social Play - Full	●	●		●		
Social Play - Limited					●	
Competition Fee - \$10.00	●		●	●	●	
Competition Fee - \$25.00		●				
Discount in the Pro Shop	●	●	●	●	●	
Discount on Motorised Carts	●	●	●	●	●	
Guest Rate on Green Fees	●	●	●	●	●	
Clubroom Access	●	●	●	●	●	●
Voting Rights @ AGM	●					
Golfink handicap	●	●	●	●	●	
Holden Partner Program discount	●	●	●	●	●	●
Free 15 minute swing check-up with our PGA Pro	●	●	●	●	●	●

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:	