



McLeod Country Golf Club

Gertrude McLeod Crescent
Mt Ommaney QLD 4074
P: (07) 3376 3666 F: (07) 3376 3923
Email: enquiries@mcleodgolf.com.au
Web: www.mcleodgolf.com.au

APPLICATION FOR MEMBERSHIP

2018 / 2019

Applicant Details:
Title (Mr, Mrs, Ms, Miss):

First Name:

Surname:

House Number:

Date of Birth:

Apartment Name:

Home Phone:

Street Name:

Mobile Phone:

Suburb:

Postcode:

State:

Company Name:

Email:

Occupation:

How did you find out about McLeod?

Office Use

Licence copied:

A copy of your licence or official id is required to finalize your application.

ADDITIONAL INFORMATION

Please list any additional information that you require us to know (medical condition, food allergy etc.):

Are you currently, or have you been a Member of another Club: (please tick) YES Handicap:

If yes, please state the name of the Club/s: _____

Please state your Golf Link # from your previous Club: _____

**Is McLeod to be
your Home Club
YES**

If you require a **motorisedbuggyregistration**,
you must apply in writing to the Board.

secretary@mcleodgolf.com.au

There is currently a cap on the number of buggy
registrations available.

Office Use

Infotel
M'ship card
MiClub
P'ment Rec



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Voting Rules

McLeod is the only golf club in Australia that is managed and controlled by women where the Members are women and the Fellows are men. Only Members (women) have the right to vote and be Members of the Board and Fellows are permitted to vote on matters relating to Fellows only.

Photography Agreement

I agree to allow photographs to be taken of myself or my child for use by McLeod Country Golf Club in the promotion of the club and the sport of golf. Photograph end uses may include but are not limited to advertising, newspapers, magazines, website and promotional material.

Applicants Signature: _____ Date: _____

By typing your name you are signing this form.

I undertake to abide by the **Rules and By-Laws of the McLeod Country Golf Club.**

Applicants Signature: _____ Date: _____

By typing your name you are signing this form.

This application for membership must be ratified by the McLeod Board and maybe reversed. The Board's decision on this matter is final.

Please tick the membership category you are applying for.

CATEGORY	Member	Fellow
Ordinary Member	\$1773.55	\$1763.00
6 Day	\$1629.45	\$1619.30
5 Day	\$1490.55	\$1477.55
Gateway	\$946.55	\$940.00
Pay As You Golf	\$959.55	\$953.00
Young Professional 26—45 Yrs	\$940.55	\$934.00
Intermediate 18—25 Yrs	\$910.05	\$924.00
Student Membership to 18—25 Yrs	\$496.55	\$491.00
McLeod Social Club	\$300.00	\$300.00
Beginner 3 months	\$152.50	\$152.50
Beginner 6 months	\$234.52	\$234.52
Limited-existing member only	\$140.00	\$140.00

*Please note: Subscriptions include affiliation fees, levies and players insurance.

Payment Credit Card No: _____ Expiry Date: _____

Name on Credit Card: _____ CVS: _____

Signature: _____ Date: _____

Direct Debit Payment: BSB 067173 Account: 10033725
Payments may also be made over the phone: 07 3376 3666

Received by Signature: _____ Date: _____