



McLeod Country Golf Club

61 Gertrude McLeod Crescent
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~ APPLICATION FOR SOCIAL GOLF MEMBERSHIP ~ January 1st — December 31st 2024

Title (Mr, Mrs, Ms, Miss) _____

First Name: _____

Surname: _____

Date of Birth: _____

Email: _____

Mobile Phone: _____

Home Address: _____

Occupation: _____ Company Name (If applicable) _____

Emergency Contact Details Name: _____ Contact Number: _____

Membership is immediate upon the payment of any applicable joining fee and membership fee. Membership may be rescinded by the Board without reason within 28 days of the application. All monies paid will be refunded.

Are you currently, or have you been a Member of another Golf Club: (please circle) YES / NO

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

If applicable, please state your Golf Link # from your previous Club: _____

Is McLeod to be your Home Club: _____

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

I have read the Constitution

Where did you hear about us

Social media/Google _____

Family/friend _____

Drive by/I live in the area _____

Other _____

Please list _____

Office Use Only

Licence _____

MiM'ship _____

MiClub _____

P'ment Rec _____

M'ship # _____

GolfLink # _____

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.

Signature: _____ Date: _____

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