APPLICATION FOR 2025/26 MEMBERSHIP AT LEETON GOLF COURSE

LEETON
SHIRE COUNCIL

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The **'date of birth"** is a requirement for all members.

Membership Category (Please tick the membership you require)

Full Membership	$546.00	Full Membership Age 18-29yrs	$273.00
New Membership (once only)	$336.00	Pensioner Membership	$447.00
Sports Golfer	$289.00	Junior Membership	$79.00

(Mr/ Mrs/ Ms/ Miss/ Mast/ Dr/ Other).....

First Name..... Middle Initial.....

Surname.....

Residential Address.....

Suburb ..... Post Code.....

Postal Address .....

Suburb ..... Post Code .....

Telephone Home..... Business.....

Fax..... Mobile.....

E-mail. .....

Occupation .....

Left/ Right Handed..... Date of Birth...../...../.....

Current Golf Course & Golflink Number..... .

Emergency Family Contact Information

Name (Print First and Surname) .....

Relationship (i.e. Wife, Son, Friend).....

Phone Number (for emergency contact) .....

I wish to join the Leeton Golf Course and hereby apply to be admitted as a member thereof, and agree to the subject to the Rules and Regulations governing the course.

Signature..... Date.....

Pro-Shop 02 6953 3292

Mobile 0427 594 667 Email jason@leetongolf.com.au

Our bank details are BSB 062-564 & Account number 2801 3856 Account name Leeton Shire Council

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Office Use Only

Receipt Number.....

Date Received.....

Amount Paid.....

Email form to jason@leetongolf.com.au Y/N