



2017/18 Golf Membership Application

first name: _____ surname: _____ male / female (please circle)
 address: _____
 suburb/town: _____ postcode: _____
 phone (home): _____ mobile: _____
 email: _____ date of birth: _____
 referring member (if applicable): _____

Golf Membership: 1 March 2017 - 28 February 2018

Please circle category type and payment option (yearly or monthly)

CATEGORY	YEARLY	MONTHLY
Lifestyle	\$1650	\$160
7 Day	\$1180	\$115
5½ Day	\$940	\$95
Veteran	\$990	\$99
Junior U12	\$140	N/A
Junior U18	\$220	N/A
Junior U21	\$500	N/A
City Membership	\$380	N/A
Pay for Play	\$350	N/A

I, _____ (name) authorise McCracken Country Club to automatically debit my
 VISA / MASTERCARD / DINERS* / AMEX* (circle) for the provisions of Golf Club Membership as specified below:

*Please note DINERS or AMEX cards incur a 3.5% surcharge.

_____ / _____ / _____
 name on card (exactly as printed) card number expiry

_____ / _____ / _____
 cardholder's address postcode

_____ / _____ / _____
 cardholder's signature date

please charge my credit card: IN FULL charge of \$ _____ MONTHLY (on the 15th of each month until February 2017)

for full yearly payments only, you may also prefer to pay by:

CHEQUE please make payable to McCracken Country Club EFT ask us for more information

Please return completed form to McCracken Country Club

McCracken Drive (PO Box 521) Victor Harbor SA 5211 P: 08 8551 0200 F: 08 8551 0280 E: info@mccrackencountryclub.com.au

www.mccrackencountryclub.com.au

For office use only: Date of membership commencement: / /