



2018/19 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 2018 - 28 February 2019

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

CATEGORY	YEARLY	MONTHLY
7 Day	\$1240	\$120
5½ Day	\$980	\$100
Veteran	\$990	\$104
Junior U12	\$175	N/A
Junior U18	\$275	N/A
Junior U21	\$595	N/A
City Membership	\$450	N/A
Pay for Play	\$390	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 1.5% 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 2019)
 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