

APPLICATION FOR CORPORATE MEMBERSHIP

COMPANY NAME									
ADDRESS									
SUBURB						POST CODE			
PHONE				Mob				ABN	
EMAIL						MEMBERSHIP CATEGORY			
NOMINATED PERSON(S)									
Mr/Ms/Miss/Dr/Rev		FIRST NAME						LAST NAME	
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES-/ NO					GOLFLINK #	
WILL LIVERPOOL BE YOUR HOME CLUB?			YES / NO		IF NO, NAME OF YOUR HOME CLUB				
email						MOBILE CONTACT			
Mr/Ms/Miss/Dr/Rev		FIRST NAME						LAST NAME	
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES / NO					GOLFLINK #	
WILL LIVERPOOL BE YOUR HOME CLUB?			YES / NO		IF NO, NAME OF YOUR HOME CLUB				
email						MOBILE CONTACT			
Mr/Ms/Miss/Dr/Rev		FIRST NAME						LAST NAME	
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES / NO					GOLFLINK #	
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Mr/Ms/Miss/Dr/Rev		FIRST NAME						LAST NAME	
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Mr/Ms/Miss/Dr/Rev		FIRST NAME						LAST NAME	
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES / NO					GOLFLINK #	
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email						MOBILE CONTACT			
ADDITIONAL ENTITLEMENTS									
	Corporate Membership	Social Golf Packs	Clubhouse Credits	Comp Credits	Visitor Vouchers	Tee Box Advertising	Reward Points	TOTAL VALUE	TOTAL PAYABLE
Quantity									
Price	\$900	\$70	\$250	\$25	\$38	\$1200			
Total Cost									
<p>I hereby apply for Corporate Membership of Liverpool Golf Club Limited and agree that the Company and its Nominees (hereby named above) will to be bound by the Rules, Regulations and By Laws of the Club that may be in force from time to time. I solemnly declare that the information provided here is true and correct. I am duly authorised to enter into this Agreement on behalf of the Company</p>									
DATE			SIGNATURE					POSITION/TITLE	
OFFICE USE ONLY									
INTERVIEW DATE/TIME						ATTENDED			
INVOICE NUMBER						PAID BY (METHOD)			
APPLICATION FEE			\$250.00			DATE PAID			
MEMBERSHIP NUMBER						DATE ENTERED			