



Riverside Golf Club
 26 Lochside Drive • WEST LAKES SA 5021
 P (08) 8268 3850 • F (08) 8268 5451

Membership Application

I hereby apply for: (Please tick one)

Seven Day
 Provisional Six Day

Six Day
 Provisional 9 Hole

9 Hole
 Senior Come and Try (2 Months)

In the event of my election, I agree to be bound by the Constitution and Policies of Riverside Golf Club.

Mr/Mrs/Miss/Ms _____
(Surname- Block Letters) (Christian Names – Block Letters)

Address _____

Suburb _____ Post Code _____

E-mail _____

Phone _____ Mobile _____

Date of Birth _____ Occupation _____

Employers Name _____

Emergency Contact _____

Phone _____ Mobile _____

How did you find out about RGC? _____

Past or Present Membership of other Golf Clubs _____

GolfLink No (If applicable) _____ Handicap _____

Do you intend to nominate Riverside as your home club? Y() N()

Signature of Applicant _____ Date _____

The Proposer & Seconder must be full members of the Club with voting rights.

The above applicant is known personally to us and would be suitable for election as a Member of the Riverside Golf Club Inc.

Proposer _____ Signature _____ Member No _____

Seconder _____ Signature _____ Member No _____

On receipt of this form, duly completed and signed, your name will be listed on the Club notice board for at least 14 days prior to being considered by the Membership Committee.

Office Use Only

Date Received _____ Date due off the notice board _____

File Created Y() N() Payment Made Y() N() Amount\$ _____ Member No _____