



2019/20 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 2019 - 29 February 2020

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

CATEGORY	YEARLY	MONTHLY
7 Day	\$1290	\$125
5½ Day	\$990	\$105
Veteran	\$990	\$105
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 2020)

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: / /