



2019/20 Golf Membership Renewal

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

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: / /