

APPLICATION for MEMBERSHIP 2023

First Name:	Surname:	
Member: Male, Femal	e, Junior (under 18) (Circ	cle one)
DATE OF BIRTH:/	/	
Address:		
Telephone:	Mobile:	
E-mail:		
Golf Link Number: (If a	oplicable)	
Nominated by:	Signatı	ıre:
Nominated by:	Signatı	ıre:
(Two nominees must be fi	nancial members of Clift	on Golf Club Inc.)
Date:	Signature of Applicar	nt:
Nomination Fee:		\$ 30.00
Annual Membership:	Ordinary Single	\$ 230.00
	Junior	\$ 70.00
	Life Membership	\$ 3000.00
	Couples Discount	\$ 60.00
CGC membership period:	January 1 to December 3	31.
Pro-rata membership is a	ailable from May 1.	
Please send the compl The Secretary Clifton Golf Club Inc, P.O. Box 30, Clifton Qlo		he relevant fees to: