



CLIFTON GOLF CLUB
QUEENSLAND, AUSTRALIA

APPLICATION for MEMBERSHIP 2025

First Name: Surname:

Member: Male, Female, Junior (under 18) (Circle one)

DATE OF BIRTH:/...../.....

Address:
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Telephone: Mobile:

E-mail:

Golf Link Number: (if applicable)

Nominated by: Signature:

Nominated by: Signature:

(Two nominees must be financial members of Clifton Golf Club Inc.)

Date: Signature of Applicant:

Nomination Fee: \$ 30.00

Annual Membership: Ordinary Single \$ 250.00

Junior \$ 70.00

Life Membership \$ 3000.00

Couples Discount \$ 60.00

CGC membership period: January 1 to December 31.

Pro-rata membership is available from May 1.

Please send the completed form including the relevant fees to:

The Secretary

Clifton Golf Club Inc,

P.O. Box 30, Clifton Qld. 4361.