



VILLAGE LINKS GOLF CLUB INC.

Your Details:

Surname: _____ Given names: _____ Title: _____

Postal address: _____

Suburb: _____ Post code: _____

*Phone B/H: _____ A/H : _____

*Please leave blank if you do not wish your phone number(s) to be available to other members.

Date of Birth: _____

Membership category

12 Month Membership

Encouragement Member

- Aged 18 +

Junior Encouragement Member

- Aged under 18 years

Payment Method

Cheques -

All cheques to be payable to Village Links Pty. Ltd.

Credit Card Payments –

Visa & MasterCard Only

Eftpos facilities available

I agree to abide by the rules of the Village Links Golf Club Inc.

SIGNED _____

DATED _____

Please lodge at the clubhouse:

Village Links,
55 Swanborough Rd,
Logan Village, QLD 4207
Phone... (07) 5547 0899
Fax (07) 5547 0855

OFFICE
USE
ONLY

Date Received : _____

Receipt number : _____

Membership number E / JE _____

GolfLink number : _____