



Completed forms must be brought back to the Horizons Golf Resort Pro Shop or scanned / emailed to enquiries@horizons.com.au

2018/19 MEMBERSHIP APPLICATION		
First Name:		
Surname:		
Preferred Name:		
Residential Address:	Suburb:	
	State:	Post Code:
Postal Address (if different to Residential Address):	Suburb:	
	State:	Post Code:
Telephone:	()	Mobile:
Email Address:		Date of Birth:
Current/Previous Affiliations	Home Club:	Golf Link No:
Transfer Golf link?	(yes or no)	
1 YEAR MEMBERSHIP CATEGORY – PLEASE CIRCLE ONE		
Membership Type - 1 Year	Annual Fee	Bank authorised monthly direct debit*
PLATINUM	\$2200 <input type="checkbox"/>	\$200 <input type="checkbox"/>
GOLD	\$1300 <input type="checkbox"/>	\$120 <input type="checkbox"/>
SILVER	\$900 <input type="checkbox"/>	\$85 <input type="checkbox"/>
BRONZE	\$800 <input type="checkbox"/>	\$75 <input type="checkbox"/>
WHITE GOLD	\$480 <input type="checkbox"/>	\$45 <input type="checkbox"/>
COUNTRY	\$430 <input type="checkbox"/>	No fee option available
JUNIOR (21 – 24 YEARS)	\$500 <input type="checkbox"/>	No fee option available
JUNIOR (18 – 20 YEARS)	\$200 <input type="checkbox"/>	No fee option available
JUNIOR (UNDER 18 YEARS)	\$50 <input type="checkbox"/>	No fee option available
PAYMENT OPTIONS – PLEASE CHOOSE ONE		
<input type="checkbox"/>	Cash or credit card payments at the Pro Shop. <i>Please note credit card payments will incur a 1.5% surcharge.</i>	
<input type="checkbox"/>	Cheque in favour of <i>Horizons Golf Resort Port Stephens Pty Ltd</i> – to be submitted to the Pro Shop	
<input type="checkbox"/>	Bank Transfer to: Account Name: HGRPS Pty Ltd BSB: 062 761 A/c Number: 1011 5682 Please use your name as the payment reference.	
<input type="checkbox"/>	*Bank authorised monthly direct debit. <i>Please note that a bank authorisation form will need to be completed. A member of the Pro Shop team will be in touch to arrange this.</i>	
HOW DID YOU HEAR ABOUT MEMBERSHIP AT HORIZONS? CIRCLE YOUR ANSWER		
- Current Member - Referral - Newspaper - Facebook - Google - Word of Mouth		
- Horizons Flyer - Email - Other:		
If referred, please enter their name or organisation here:		
I acknowledge by signing below, I am applying for a 12 month membership period (or pro rata period if applying part way through the year) and I will be responsible for payment of all fees on a timely basis when due.		
Signature	Date	