

RIVERVIEW COUNTRY CLUB INC.

NOMINATION FORM

PO BOX 45, ALBANY WA 6331

46349 South Coast Hwy

Phone: 08 9844 3255

Email: riverviewcc@westnet.com.au

I desire to become a * _____ Member of the **Riverview Country Club** and in the event of my election, agree to be bound by the rules of the said Club and any regulations thereof for the time being in force.

*MEMBERSHIP CATEGORIES AND ANNUAL FEES:- 2019

ORDINARY:		\$270.00
JUNIOR:	12 years to 18 years	\$ 80.00
COUNTRY:	reside no less than 40kms from clubhouse	\$150.00
SOCIAL:		\$ 50.00
SUMMER:		\$ 80.00

FINANCIAL YEAR is JANUARY to DECEMBER inclusive

NAME IN FULL: Mr/Mrs/Ms _____

ADDRESS: _____

Phone No: _____ Mobile No: _____

E-MAIL Address: _____

DATE of BIRTH (for Golf Link): _____

MEMBER or ex-member of another CLUB: _____

If so, name of CLUB: _____

Present/Last Club Handicap: _____ Golf Link No: _____

If member of another Club please state which is Home Club for handicap purposes:

SIGNATURE: _____ DATE: _____

We hereby nominate the above candidate as a member of Riverview Country Club.
We believe he/she is eligible and fit for membership.

PROPOSER: Please Print: _____ Signature: _____

SECONDER: Please Print: _____ Signature: _____

NOMINATION FEE: \$20.00

This form must be returned with your nomination fee before any action will be taken.