

RIVERVIEW COUNTRY CLUB INC.

Membership Nomination Form

PO Box 45, Albany 6331
46349 South Coast Hwy, King River.

riverviewcc@westnet.com.au
Club House 08 9844 3255

Required
for
GolfLink

I _____ (Mr/Mrs/Ms) D.O.B. _____

Address _____

Email _____ Mobile/ Other _____

apply to become a member of the Riverview Country Club and in the event of my successful application, do agree to be bound by the rules of the Club, available www.riverviewgolfclub.com.au

Membership Categories and Fees January 2021

| | Tick box |
|--|--------------------------------|
| Ordinary | \$285 <input type="checkbox"/> |
| Country (reside no less than 40kms from clubhouse) | \$160 <input type="checkbox"/> |
| Junior (12 – 18 years) | \$ 90 <input type="checkbox"/> |
| Summer only | \$ 90 <input type="checkbox"/> |
| Social | \$ 50 <input type="checkbox"/> |
| Restricted | \$ 85 <input type="checkbox"/> |

Nomination fee of \$20
is payable with the submission of
this form

Name of other golf club membership _____ Handicap _____

Golf Link # _____ Is Riverview CC to be your Home Club? - Yes/No

Are you, or have you been suspended or expelled from any Club or Association - Yes/No

Emergency Contact Person _____ Phone _____

Important information for Applicants

Any person who supports the objects or purposes of the Club is eligible to apply to become a member

Membership fees must be paid by the due date

You will be required to comply with the Associations Incorporations Act 2015 and Liquor Control Act 1988 and any subsequent regulations, amendments and any policy direction issued by the Director of Liquor Licensing.

If your application is accepted, your name and address must be recorded in a register of members and be made available to other members upon request, under section 53, 54 of the Associations Incorporation Act.

Your application form will be displayed on the Club noticeboard for a period of not less than 7 days. Sec 49(3)(c)(i) Liquor Control Act 1988 and as required by the Director of Licencing Policy 2016.

You can access or correct personal information (i.e. name & address) by contacting the Club Secretary.

Applicant's Signature _____ Date _____

PROPOSER Name print _____ Signature _____
(Please ensure the nomination fee is paid)

SECONDER Name print _____ Signature _____

Completed form to be returned to the Secretary or left with a committee member along with the nomination fee.