



Three Month Trial Application for Junior Membership



(please complete in capital letters)

Financial year begins 1st July 2010 ends 30th June 2011

Surname:		
Given Names:		
Known as:		
Address:		
Suburb:		Post Code:
DOB:		
Phone (Hm):		
Mobile:		
Email:		

Emergency Contact Details:

Name:		
Relationship:		
Telephone:		

I hereby wish to apply for the following age categorized Junior Membership:
(please tick age)

12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>
(\$78.57)	(\$84.61)	(\$91.67)	(\$100.00)	(\$110.00)	(\$122.22)

Additional costs: Insurance: \$19.80

For three months trial membership of Lakelands Country Club I enclose \$.....

- I understand these fees are only refundable if the application is not accepted.
- I understand that my membership will expire after the period of three (3) months, and an application for transfer to full junior membership must be made within one month from that expiry date.
- I acknowledge that upon acceptance by the Board of Management I agree to abide by the Rules and Regulations of the Lakelands Country Club Inc.

Signed: _____
Dated: _____

This form must also be signed by a parent or guardian who gives consent for the trial period and will assume liability for all fees and costs:

Signed: _____
Dated: _____