

PIRANHA GOLF CLUB

Registration and Joining Form

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Proposed Members Name:	Title - MR / MRS / I	DR / MS / MISS
First Name:	Surname:	
Address:		
	State:	P/C:
Email:	MOB NO:	
Piranha Club Membership	No if allocated :	
Golf Link No: (If applic	cable)	
Joining Fee & Annual Sub	oscription 2016 - AU	D \$ 195.00
For NEW Golflink Number	add \$ 100	
Payment By: CASH / DIREC	CT DEBIT / CREDIT CA	<mark>RD (</mark> Please circle)
Credit Card No	Expiry	Date:/
Signature:		
Date:	•	• •
Email to , golfclub@piranhage	olf.com for any quest	ions please call

Antonio 0416107581