

REDLANDS RSL GOLF CLUB

8 Passage Street, Cleveland 4163



MEMBERSHIP APPLICATION FORM

First Name:			Surname:	
Address:				
Suburb:			Postcode:	
Phone No:			RSL Member No:	
Email Address:				
COST: \$15.00 per p	erson			
Applicants must be eighteen (18) years or over and be a member of the Redlands RSL and must also agree to abide by the laws of the Golf Club.				
Date: / / Signature of applicant				
•	regarding the Golf Cl ion to your first game	•	ease contact either of the following:	
President:	Barry Hohenhaus	0402 797 395		
Secretary:	Jeff Stephenson	0412 226 616		
Captain:	Keith Roberts	3286 4482		
Treasurer:	Brenda Roberts	3286 4482		
OFFICE USE ONL	Y			
Proposed by (Print)			Signature	
Seconded by (Print)			Signature	
GOLF CLUB SUBSCRIPTION: \$15.00			Receipt No:	