2015/16 **MEMBERSHIP** APPLICATION FORM

Palmer Coolum Resort

Please complete the form below a	and mail to: Palmer Coolum Re	esort, 1 Warran Ro	oad, Yaroomba, Qld 45	73	
Mr / Mrs / Ms / other (please circle	e) First name:	Surn	ame:		
Residential address:		_ Suburb:		Post Code:	
Mailing address:		_ Suburb:		Post Code:	
Occupation:	Date of Birth:	/ /	Home phone:		
Mobile phone:	Email address: _				
Golf Link Number (if applicable):	Capita	ation fee (please ti	ck one)	00 Female \$65.00	
Membership fee 12 months \$	33300.00 Total Amoun	t:\$			
CREDIT CARD DETAILS (VISA or M	astercard will incur an additional 1.5	% surcharge) OR [PAY BY DIRECT DEPO	SIT (we will contact you)	
☐ Visa ☐ Mastercard ☐ A	MEX Card Number:			CCV Number	
Expiry Date: / Cardholo	der's Name:		Signature:		
Applicant's Signature:	olicant's Signature: Date of Application:				
FOR INTERNAL USE ONLY					
Received by:	Date: _	Signa	iture:		
Approved by:	Date:	Signa	ature:		



