



Shelly Beach Golf Club Travel Club Membership Form

Personal Details:

(Please circle)

Mr/Mrs/Ms/Miss

First Name: _____ Surname: _____

Preferred Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____ Fax: _____

Travel Information:

Please complete the following information so we can design our travel club around your preferences. Are you interested in?

Day Trips Entertainment Tours Short Trips Longer Stays (Domestic & International)

Domestic:

ACT NSW NT QLD TAS VIC WA

International:

Africa Asia Europe Middle East UK/Ireland North America
South America New Zealand Other

Details: _____

What kind of trips or holidays are you interested in?

Experience Seeker Holidays Golf trips R&R Independent Travel Organised Tours

Details: _____

What kind of activities are you interested in?

Cultural Experience Entertainment Food & Wine Golfing Shopping Sightseeing
Sporting Tournaments/Events Other

Details: _____

Age Group

18 - 25 26 - 35 36 - 45 46 - 65 65+

How did you hear about the Travel Club?

SBGC Newsletter SBGC Web/Email Radio Newspaper Word of Mouth Other

Signed: _____ Date: _____

Please tick if you do not wish to receive any promotional material regarding the Shelly Beach Golf Club Travel Club



Please return your application form to Reception:
Shelly Beach Road, SHELLY BEACH NSW 2261
www.shellybeachgolfclub.com.au

