



SANDHURST CLUB RESIDENT REFERRAL PROGRAM

APPLICATION FORM

Date of Application

Referrer Name Resident Member/Shareholder

Contact Phone

Email Address

I, _____
insert name of Referrer (resident member / share holder)

Referred the below named to the Sandhurst Club Land Sales Team and agree to the conditions of the Sandhurst Club Residents Referral Program.

Please credit my House Account 002= _____
Membership number as appears on your statement

Subscription Account 002= _____
Membership number as appears on your statement

Signed _____ Date _____

Referee Name Prospective Purchaser

Contact Phone

Contact Email

Lot Number of interest

OFFICE USE ONLY

Date Received	
Date Contract Signed	
Confirmation Lot Number	
Sales Person	
Settlement Date	
Credit applied to members account and confirmation letter sent.	