



# MEMBERSHIP APPLICATION FORM

ID SIGHTED: Type: \_\_\_\_\_ #: \_\_\_\_\_

Promotion Code/Offer: \_\_\_\_\_

Pro: YES / NO

## PERSONAL DETAILS

Title  Mr  Mrs  Ms  Miss  Dr  Mstr Other \_\_\_\_\_ Gender  M  F

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if Different) \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

## GOLF CLUB MEMBERSHIP & HANDICAPPING

Have you ever previously been a member of Brisbane River Golf Club? Yes / No

Are you a member of another Golf Club? Yes / No If yes, club name? \_\_\_\_\_

Do you have a current A.G.U. handicap? Yes/ No Golf Link Number \_\_\_\_\_

Is Brisbane River Golf Club to be your home Club for handicapping? Yes / No

## MEMBERSHIP CLASSIFICATION Class of Membership being applied for (Please circle)

Full Membership  Couples Membership  Lifestyle Points  Clubhouse

Junior (No Handicap)  Junior (Handicap)  Student 18-24 years

## EMERGENCY CONTACT (Minimum 2: Nominated Emergency Contacts)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*I wish to apply for membership at Brisbane River Golf Club. If accepted, I undertake to abide by the Rules and By-Laws of the Club and the Etiquette of Golf. I agree to accept the Management Committee's decision as final. I understand I am liable for membership charges billed to me during my active membership, which will continue rolling year-to-year. Memberships paid monthly are a minimum 12 month membership period. I understand resignation of this membership will only be accepted in writing addressed to the Membership Manager.*

CANDIDATES SIGNATURE \_\_\_\_\_ Dated this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

## OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ PAID BY: CASH / EFTPOS / CREDIT / CHEQUE

MEMBERSHIP NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

DIRECT DEBIT BEGIN DATE \_\_\_\_\_ DAY/DATE \_\_\_\_\_ MTH \_\_\_\_\_ SAV or CREDIT

MEMBERSHIP RENEWAL / EXPIRY DATE \_\_\_\_\_ ENTERED INTO GOLFLINK DATE \_\_\_\_\_

APPROVED PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_