



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

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

EMERGENCY CONTACT (Minimum 2: Nominated Emergency Contacts)

Name _____ Relationship _____ Phone _____

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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. Management reserves the right to suspend or terminate membership at any time. I agree to accept the Management 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. Cancellation of membership will incur a three-month cancellation fee. 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 SIGNATURE _____ DATE _____ STAFF INITIALS _____