



# MEMBERSHIP APPLICATION

PLEASE CIRCLE DR MR MRS MISS MS \_\_\_\_\_

SURNAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

KNOWN AS \_\_\_\_\_

D.O.B \_\_\_\_\_ OCCUPATION \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_

STATE \_\_\_\_\_ P/CODE \_\_\_\_\_

RESIDENTIAL ADDRESS ( IF DIFFERENT ) \_\_\_\_\_

SUBURB \_\_\_\_\_

STATE \_\_\_\_\_ P/CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

DRIVERS LICENCE \_\_\_\_\_

IF NO DRIVERS LICENCE PLEASE PROVIDE ANOTHER FORM OF PHOTO IDENTITY

PLEASE TICK IF YOU WOULD NOT LIKE YOUR MEMBERSHIP ENABLED FOR CASHLESS GAMING

PLEASE TICK IF YOU DO NOT WISH TO RECEIVE OUR MONTHLY NEWLSTTER / CLUB INFO

In the event of my admission as a member, I agree to be bound by the rules of the Club for the time being in force and request you enter my name in the register of members accordingly and I agree to be bound by your constitution.

NOTE: Are there any disclosures the Board should consider in relation to this application? YES / NO

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## OFFICE USE ONLY

- CASH
- MASTERCARD / VISA / AMEX / EFTPOS
- CHEQUE
- CASHLESS ENABLED
- ALL MEMBER GROUP
- BOARD SPREAD SHEET

FEE \$ \_\_\_\_\_

BADGE # \_\_\_\_\_

STAFF  
PLEASE PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

# GOLF MEMBERSHIP APPLICATION

ATTACH SOCIAL  
MEMBERSHIP  
APPLICATION  
FORM HERE

## MEMBERSHIP CATEGORY

- FULL PLAYING (MALE)       INTERMEDIATE 1 (18-23YRS)       JUNIOR  
 FULL PLAYING (FEMALE)       INTERMEDIATE 2 (24-29YRS)       CADET  
 SOCIAL GOLF       COUNTRY       TYRO / TYRO EXT.

CURRENT OR PREVIOUS CLUB \_\_\_\_\_

GOLF LINK # \_\_\_\_\_ CURRENT HANDICAP \_\_\_\_\_

WILL SHELLY BEACH GOLF CLUB BE YOUR HOME CLUB? YES / NO

IF **NO**, NAME OF HOME CLUB \_\_\_\_\_

NAME OF PROPOSER \_\_\_\_\_ BADGE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME OF SECONDER \_\_\_\_\_ BADGE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Please note that in making application for membership of the Club you acknowledge and accept that you will be subject to the Australian Handicap System and your handicap may be reviewed at the absolute discretion of the General Committee/Board on the basis of any cards returned in any competition.

By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee/Board in relations to a review of your handicap.

In the event of my admission as a member, I agree to be bound by the rules of the Club for the time being in force and request you enter my name in the register of members accordingly and I agree to be bound by your constitution.

NOTE: Are there any disclosures the Board should consider in relation to this application? YES / NO

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## UNDER 18 APPLICATIONS ONLY

ARE THERE ANY HEALTH CONDITIONS SBGC SHOULD BE AWARE OF? \_\_\_\_\_

Do you give permission for SBGC to use your child's photograph across multimedia outlets to promote junior / cadets / golf related activities? YES / NO

EMERGENCY CONTACTS (PLEASE PROVIDE 2)

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATION \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_ BOARD DATE \_\_\_\_\_

NUMBER OF CARDS REQUIRED FOR HANDICAP \_\_\_\_\_

COMMENTS \_\_\_\_\_

Junior Golf Agreement signed (if applicable)



SHELLY BEACH GOLF CLUB  
SHELLY BEACH ROAD SHELLY BEACH NSW 2261  
(02) 4332 3400 | info@shellybeachgolfclub.com.au  
Shelly Beach Golf Club supports the responsible service of alcohol.  
THINK! about your choices. Call Gambling Help 1800 858 858



MEMBERSHIP FEE

\$ \_\_\_\_\_

JOINING FEE  
(TICK IF APPLICABLE)

\$ \_\_\_\_\_

AFFILIATION  
& INSURANCE  
(TICK IF APPLICABLE)

\$ \_\_\_\_\_

HOUSE LEVY  
(TICK IF APPLICABLE)

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_