



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

- | | | |
|--|--|---|
| <input type="checkbox"/> FULL PLAYING (MALE) | <input type="checkbox"/> INTERMEDIATE 1 (18-23YRS) | <input type="checkbox"/> JUNIOR |
| <input type="checkbox"/> FULL PLAYING (FEMALE) | <input type="checkbox"/> INTERMEDIATE 2 (24-29YRS) | <input type="checkbox"/> CADET |
| <input type="checkbox"/> SOCIAL GOLF | <input type="checkbox"/> COUNTRY | <input type="checkbox"/> 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.

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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

\$ _____