

GOLF MEMBERSHIP



APPLICATANT DETAILS

Full Name: _____ Title: _____

Known As: _____ Date of Birth: _____ Age _____

Email Address: _____ Mobile: _____

Address: _____ Phone: _____

State: _____ Postcode: _____

Drivers License: _____ Occupation: _____

EMERGENCY CONTACT

Emergency Contact: _____ Contact Relationship: _____

Mobile: _____

MEMBERSHIP

Have you been a member of Shelly Beach Golf Club (Social or Golf) previously? Yes / No

If yes, please provide your Membership Number: _____

I desire to be elected as a member of Shelly Beach Golf Club in membership category:

- | | | |
|--|--|--|
| <input type="checkbox"/> Full Playing | <input type="checkbox"/> Intermediate 1 (18-23yrs) | <input type="checkbox"/> Intermediate 2 (24-29yrs) |
| <input type="checkbox"/> Tryo / Tryo Extension | <input type="checkbox"/> Country | <input type="checkbox"/> Junior / Sub Junior |
| <input type="checkbox"/> Cadet | <input type="checkbox"/> Other: _____ | |

Are you currently, or previously a member of another Golf Club? Yes / No

If yes, please state Club: _____ Handicap: _____

Golflink Number: (10 digit number): _____

Will Shelly Beach Golf Club be your home club? Yes / No

If no, name of home club: _____

Have you been refused membership, suspended or expelled from another Golf Club? Yes / No

If yes, please provide details: _____

Did a current member help you make the decision to join Shelly Beach Golf Club? Yes / No

If yes, please provide their details: _____

Please advise why you would like to be a member at Shelly Beach Golf Club? _____

TWO MEMBERS OF THE CLUB (PROPOSERS) ARE NEEDED TO SUPPORT YOUR APPLICATION

Proposed by: _____ Membership Number: _____

Signature: _____ Date: _____

Proposed by: _____ Membership Number: _____

Signature: _____ Date: _____



GOLF MEMBERSHIP



JUNIORS/ CADETS

Second Emergency Contact: _____ Contact Relationship: _____

Email: _____ Mobile: _____

* Are there any health conditions Shelly Beach Golf Club Should be aware of? Yes / No

* Do you give permission for Shelly Beach Golf Club to use your child's photograph across multimedia outlets to promote Junior and/ or Cadet Golf related activities? Yes / No

* I have received a copy of the Junior Agreement, will go through the agreement with my child, co-sign the agreement and return it to Shelly Beach Golf Club. Yes / No

Parent/ Guardian Signature: _____

TERMS AND CONDITIONS

- This form is to be completed by the applicant and lodged with the administration of the Club by the applicant.
- Applicants who are not known to any member of the club must supply two written references from members of other clubs or from people of standing in the community.
- In making an 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 an 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 review of your handicap.
- Shelly Beach Golf Club has a no refund policy.
- Applicant may commence social and competition play (providing they have an existing handicap) from the time they pay their fees as a provisional member. Following the approval of the Board of Directors at the next board meeting will be contacted and advised of membership approval.

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.

Would you like your membership enabled for cashless gaming? Yes / No

Would you like to receive our monthly newsletter? Yes / No

Are there any disclosures the Board should consider in relation to your application? Yes / No

If yes, please provide details: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____

Processed By: _____

Applicant Member Number: _____

Total Fees Paid: _____

Drivers Licence Sighted: _____

Yes / No

Micropower Updated: _____

Yes / No

Ebet Updated: _____

Yes / No