

SOCIAL MEMBERSHIP



APPLICANT DETAILS

Full Name: _____ Title: _____

Known As: _____ Date of Birth: _____

Email Address: _____ Mobile: _____

Address: _____ Phone: _____

State: _____ Postcode: _____

Drivers License: _____ Occupation: _____

EMERGENCY CONTACT

Emergency Contact: _____ Contact Relationship: _____

Mobile: _____

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: Social 1 Year ☐ Social 5 Year ☐

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

If yes, please provide details: _____

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

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

TERMS AND CONDITIONS

- This form is to be completed by the applicant and lodged with the administration of the Club by the applicant
- Shelly Beach Golf Club has a no refund policy. In the event of exceptional circumstances application can be made to the Board for special considerations
- Applicant is aware membership will expire at the conclusion of the financial year

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.

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

If yes, please provide details: _____

Applicant Signature: _____ Date: _____