



Membership Number: \_\_\_\_\_

## GOLF MEMBERSHIP APPLICATION

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

### MEMBERSHIP

Have you been a member of Shelly Beach Golf Club (Social or Golf) previously? **YES / NO**

If yes, please provide your membership number: \_\_\_\_\_

### MEMBERSHIP CATEGORY

Full Playing       Intermediate 1 (18 - 23yrs)       Tyro (Beginners Program)       Cadet  
 Country       Intermediate 2 (24 - 29yrs)       Women's Weekday (Mon - Fri)       Junior

Are you currently or previously a member of another club? **YES / NO**

If yes, please state club: \_\_\_\_\_

Golfink Number (10 digit number): \_\_\_\_\_ Handicap: \_\_\_\_\_

Will Shelly Beach Golf Club be your home club? **YES / NO**

If no, please state club: \_\_\_\_\_

Have you ever been refused membership, suspended or expelled from another Golf Club? **YES / NO**

If yes, please provide details: \_\_\_\_\_

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

Proposed by: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JUNIORS/CADETS

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Are there any health conditions Shelly Beach Golf Club should be aware of? **YES / NO**

If yes, please provide details: \_\_\_\_\_

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 consent for my contact details to be shared with the Junior Development Officer (JDO) **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.
- 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 discretion of the Board, on the basis of any cards returned in any competition.
- By making an application to the Club, you agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap. There shall be no appeal from any decision of the Board in relation to review of your handicap.
- Shelly Beach Golf Club has a no refund and a non-transferrable 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 at the next board meeting, the applicant will be contacted and advised of membership approval.
- Prospective members will be added to the membership waitlist and will be invited to become a member when a position becomes available.
- The part joining fee paid on application is non-refundable.
- **Country Membership:** to be eligible a person's permanent place of residence must be outside the geographical boundaries of the Central Coast District Golf Association or such other boundaries as may be determined by the Board from time to time. Country Members have the right to use the golf course facilities for up to fifteen (15) competition rounds per financial year and play social golf at all times at a rate determined from time to time by the Board.

**I agree to be bound by the rules of the Club, the Club By Laws and the Club Constitution.**

Are there any disclosures the Board should consider in relation to your application? **YES / NO**

If yes, please provide details: \_\_\_\_\_

**I agree to the terms and conditions outlined above**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**