



GOLF BROKEN HILL Inc

ABN 71 099 052 187

bhillgolfclub@bigpond.com



P O Box 677 BROKEN HILL NSW 2880

APPLICATION FOR MEMBERSHIP

To the Directors of Golf Broken Hill Inc, I desire to become/renew as a member of the Broken Hill Golf Club as shown and I hereby agree, if elected to be bound by the Constitution and by-laws of the Club or any subsequent amendment thereof. I understand the Club's Privacy Policy and the membership entitlements and restrictions of my chosen membership category. I hereby certify the following information to be true and correct.

Signature.....

Date.....

Full Full Silver Intermediate Junior H/cap Junior Country Social

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

3 month member 6 month member member for current year until 30th June
 member until 30th June

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other).....

First Name.....

Known As

Surname

Middle Initial

Home Address

Post Code.....

Postal Address.....

Post Code

(if different)

Telephone: Home

Mobile

Email

Occupation.....

Left/Right Handed.....Date of Birth .../.../.....

Will we be your Home Club Yes No

Previous Golfink Number.....

Previous Handicap

Proposed.....

Seconded.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

Terms and conditions

1. Full Members can elect to pay by direct debit on an instalment terms basis upon completion of direct debit application.
2. Unless otherwise specified, Membership rates apply for 12 months from July 1 each year.
3. New members will be charged a pro-rata rate from the date of joining to June 30 of the following year.
3. The Board reserve the right to refuse any application in their absolute discretion without giving any reason(s).
4. Membership fees are payable with this application.

OFFICE USE ONLY

Posted to Slice

Membership Number Issued:-

Receipt Number:

Date of Meeting Approved:.....

Amount Received:

Date letter/account Sent: