Golf Broken Hill Inc

ABN 71 099 052 187

PO Box 677
235 Racecourse Road
BROKEN HILL NSW 2880
Phone 08 8087 9099
Email: bhillgolfclub@bigpond.com
Web: www.brokenhillgolf.com

The directors of Golf Broken Hill INC, I desire to become/renew as a member of the Broken Hill Golf Club as shown 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 hereby certify the following information to be true and correct.

Full membership ◯
Full Silver ◯
Intermediate◯
Junior H/Cap ◯
Junior◯
Country◯
Social ◯

First Name…….
Surname…….
Home Address…….
Postal Address (if Different from above) …….
Mobile Number……
Phone Number…….
Email Address…….
Left/Right-Handed……
Date of Birth……
Occupation……
Previous Golf Link Number……
Will we be your Home Club Yes ◯ or NO ◯

Emergency Contact
First Name…….
Surname…….
Phone Number…….

Signature……Date…….

Terms & Condition
1.Full member 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 each year.
3.New members will be charged a prorata rate from the date of joining to June 30 of the following year.
4. The board reserve the right to refuse any application in their absolute discretion without giving any reason(s).
5. membership fees are payable with this application.