



APPLICATION FOR MEMBERSHIP

Title: *(Please tick)*

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Master

Full Name:

Home Address:

Business Address:

Home Phone: Mobile:

Date of Birth: / / Email:

(Proof of Age required if under 21) **OFFICE USE:** Proof of Date of Birth **SIGNED:**

Occupation:

Emergency Contact Name: Phone:

Type of Membership:

I desire to be elected as a member of Bayview Golf Club in Membership category: (Please tick)

☐

7 Day Member

☐

6 Day Member

☐

5 Day Member

☐

Flexi 3

☐

Intermediate 1

☐

Intermediate 2

☐

Colt Player

☐

Junior Member

☐

Cadet Member

Are you currently a member of another Golf Club?

☐

Yes

☐

No

If Yes, please state Club and Handicap:

GolfLink Number: *(10 digit number)*

Will Bayview be your home club for handicapping purposes?

☐

Yes

☐

No

Have you been refused membership or suspended or expelled from a Golf Club? ☐ Yes ☐ No

If Yes, please provide details:

Did a current member help you make the decision to join Bayview Golf Club? ☐ Yes ☐ No

If Yes, please provide their details:

Terms & Conditions

- 1) This form is to be completed by the Applicant and lodged with the Administration of the Club by the Applicant or Proposer.
- 2) Applicants who are not known to any member of the club must supply two (2) written references from members of other clubs or from people of standing in the community.
- 3) An applicant may not play in competitions until nomination has been approved by the Board of Directors and the applicable subscription paid.

4) An applicant joining as a Junior or Cadet must supply a copy of their birth certificate.

Subscription's Payment Option: ☐ Full Payment ☐ Installments **(3,5,6,7 day memberships only)**
Please complete a Direct Debit Request Form

Card Type: ☐ Visa ☐ Mastercard ☐ Amex

Card Number ____ / ____ / ____ / ____ Expiry Date ____ / ____ CCV ____

Signature: _____ Date: ____ / ____ / ____

Authorised by Club Representative: _____ Date: ____ / ____ / ____

I certify that the above information is true and correct. I hereby apply to be elected a member of Bayview Golf Club Limited and request, if elected, that my name be entered in the Register of Members.

I agree to be bound by the Articles of Association and By laws of the Company.

I understand Bayview Golf Club Limited's guarantee of each member is \$2.00.

Signature of Applicant: _____ Date: ____ / ____ / ____

Proposed by: _____ Member No: _____ Date: ____ / ____ / ____

Signature: _____

Proposed by: _____ Member No: _____ Date: ____ / ____ / ____

Signature: _____

OFFICE USE ONLY

Date Received: ____ / ____ / ____ Processed By: _____

Promotion: _____ Membership Number: _____

Approved by Board of Directors: ☐ Yes ☐ No

