



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)

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> 7 Day Member | <input type="checkbox"/> 5 Day Member | <input type="checkbox"/> Intermediate 2 (31-35) | <input type="checkbox"/> Intermediate 1 (25-30) |
| <input type="checkbox"/> Colt Player (18-24) | <input type="checkbox"/> Silver | | |
| <input type="checkbox"/> Junior (14-17) | <input type="checkbox"/> Cadet (8-13) | <input type="checkbox"/> Junior Cadet (5-7) | |

Are you currently, or previously, 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 **(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:	<input type="checkbox"/> Yes <input type="checkbox"/> No

