

BAYVIEW GOLF CLUB

Membership Application Form



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 36) **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)

Platinum Gold Silver

Platinum (18-35)

Junior (14-17) Cadet (8-13) 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)

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

Version 01 - 06.09.2021