

BAYVIEW GOLF CLUB

# Platinum 18-Months Membership Application Form



Title (please tick)  Mr  Mrs  Ms  Miss  Master

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

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

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) An applicant may not play in competitions until nomination has been approved by the Board of Directors and the applicable subscription paid.
- 3) Membership runs 1<sup>st</sup> April 2025 – 30<sup>th</sup> September 2026.
- 4) Monthly Installments will incur additional fees (\$4,695 total).

Subscription's Payment Option  Full Payment  Monthly Installments

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