



# Ballarat Golf Club Membership Application

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

## MEMBERSHIP TYPE

Select the type of membership that you are applying for:

- Ordinary       Restricted       Country  
 Intermediate       Limited       Non Playing

## PREVIOUS GOLF INFORMATION

Are you a member of another golf club:  Yes  No

Club Name: \_\_\_\_\_

Golf Link No: \_\_\_\_\_ Handicap: \_\_\_\_\_

Home Club to be: \_\_\_\_\_



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## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Fixed Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## REFEREES

Proposer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## EMAIL NOTIFICATION

The club will make regular contact to all members via our preferred communication of email. If you wish to receive these emails please tick the box

The Ballarat Golf Club Pro Shop is part of the On-Course group. They offer members a range of discounted prices and special offers. If you wish to become a Ballarat Golf Club - On Course member, please tick the box

## DECLARATION

I agree to abide with the By-Laws and rules of the Ballarat Golf Club. I certify that all of the information included in this application form is true and correct. I understand that the application for membership must be approved in accordance with the rules of the Ballarat Golf Club. When the application is approved I will be notified and the appropriate annual fee must be paid before membership is granted.

The information that you provide the Ballarat Golf Club will be kept private and confidential and only used by the club. The information will not be shared with any third parties unless consent is given by you.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Pack Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership No: \_\_\_\_\_