

APPLICATION FORM

Golf Membership

Full Name: _____ Date of Birth: _____

Street Address: _____ Suburb: _____

State: _____ Postcode: _____ Occupation: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Mobile: _____

MEMBERSHIP

Have you been a member of Shelly Beach Golf Club (Social or Golf) previously? Yes / No

If yes, please provide your Membership Number: _____

I desire to be elected as a member of Shelly Beach Golf Club in membership category:

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Playing | <input type="checkbox"/> Intermediate 1 (18-23yrs) | <input type="checkbox"/> Intermediate 2 (24-29yrs) |
| <input type="checkbox"/> Tyro (beginners program) | <input type="checkbox"/> Country | <input type="checkbox"/> Women's 5 Day (Mon-Fri) |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Cadet | |

Are you currently, or previously a member of another Golf Club? Yes / No

If yes, please state Club: _____ Handicap: _____

Golflink Number: (10 digit number): _____

Will Shelly Beach Golf Club be your home club? Yes / No

If no, name of home club: _____

Have you been refused membership, suspended or expelled from another Golf Club? Yes / No

If yes, please provide details: _____

Are there any disclosures the Board should consider in relation to your application? Yes / No

If yes, please provide details: _____

TWO MEMBERS OF THE CLUB (PROPOSERS) ARE NEEDED TO SUPPORT YOUR APPLICATION

Proposed by: _____ Membership Number: _____

Signature: _____ Date: _____

Proposed by: _____ Membership Number: _____

Signature: _____ Date: _____

JUNIORS/ CADETS

Emergency Contact: _____ Relationship: _____

Email: _____ Mobile: _____

Are there any health conditions Shelly Beach Golf Club Should be aware of? Yes / No

Do you give permission for Shelly Beach Golf Club to use your child's photograph across multimedia outlets to promote Junior and/ or Cadet Golf related activities? Yes / No

I have received a copy of the Junior Agreement, will go through the agreement with my child, co-sign the agreement and return it to Shelly Beach Golf Club. Yes / No

Parent/ Guardian Signature: _____

TERMS AND CONDITIONS

- This form is to be completed by the applicant and lodged with the administration of the Club.
- Applicants who are not known to any member of the club must supply two written references from members of other clubs or from people of standing in the community.
- In making an application for membership of the club you acknowledge and accept that you will be subject to the Australian Handicap System and your handicap may be reviewed at the absolute discretion of the General Committee/ Board on the basis of any cards returned in any competition.
- By making an application to the club you also expressly acknowledge and agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee/ Board in relations to review of your handicap.
- Shelly Beach Golf Club has a no refund policy.
- Applicant may commence social and competition play (providing they have an existing handicap) from the time they pay their fees as a provisional member. Following the approval of the Board of Directors at the next board meeting, the applicant will be contacted and advised of membership approval.
- Tyro members when joining the program will be added to the membership waitlist and will be invited to become a full member when a position becomes available. Balance of the joining fee will be payable at acceptance as a full member.

In the event of my admission as a member, I agree to be bound by the rules of the club for the time being in force and request you enter my name in the register of members accordingly and I agree to be bound by your constitution.

Applicant Signature: _____ Date: _____

