

ROSNAY GOLF CLUB LIMITED

ACN: 000 507 764 ABN: 36 000 507 764

APPLICATION FORM - SOCIAL MEMBERSHIP

Please address all correspondence to:

The Manager

Rosnay Golf Club

PO Box 2073

BERALA NSW 2141

Phone: 02 9649 8429

Fax: 02 9649 5310

Email: admin@rosnaygolfclub.com.au

Mr/Mrs/Miss/Ms Surname _____ First Name _____

Address _____ Postcode _____

Phone _____ Email _____

Date of Birth _____ Occupation _____

Where did you hear about us? _____

I desire to become a SOCIAL Member of Rosnay Golf Club and request you enter my name on the Register of members accordingly. I agree to be bound by the Articles of Association and by-laws of Rosnay Golf Club and any Rules and Regulations from time to time enforced.

Have you previously (or are you currently) been suspended from any other Club: YES/NO

If YES, please give details and a contact name _____

Signature _____ Dated this _____ day of _____ 20 _____

OFFICE USE ONLY

Date Received _____ Received by _____

Date Displayed on Notice Board _____ Date of Board Approval _____

Date Payment Received _____ Membership Number _____

Amount Paid _____ Receipt No _____

Identification Type _____ No _____

Identification sighted and recorded _____

(Staff Signature)

NOTE: (Identification can only be made by Drivers Licence, Government Pension Card, Medicare Card.) THIS MUST BE SIGHTED AND NOTED AS SUCH BY STAFF ACCEPTING THE MEMBERSHIP FORM.