

ROSNAY GOLF CLUB LIMITED

ACN: 000 507 764 ABN: 36 000 507 764

APPLICATION FORM - GOLFING MEMBERSHIP

All Questions MUST be Answered

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: golf@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 GOLFING 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. **Please circle the type of membership:** FULL PLAYING (Male) / FULL PLAYING (Female) / PENSIONER (Male or Female) / MONDAY TO FRIDAY (Male or Female) / 20 COMPETITION GAMES / PAYG / UNDER 30 (over 21) / JUNIOR (over 18 to 21) / JUNIOR (18 and under) / HUSBAND AND WIFE (New Members for One Year ONLY)

If Pensioner Membership, Pension No _____

Commonwealth Pension card MUST be presented at time of payment of fees.

Have you held an Australian Golf handicap in the last two years YES/NO. If YES, handicap was _____

I was a Member of _____ in _____

Have you ever had a Golf Link Number YES/NO. If YES, Golf Link Number was / is _____

I am currently a Member of _____ Golf Club, my current handicap is _____

My home Club will be _____

"Please note that in making application for membership of the Club, you acknowledge and accept that you will be subject to the Australian Golf handicapping system and your handicap may be reviewed in the absolute discretion of the Board on the basis of any cards returned in any competition. You also accept and agree that you will have no right to make representation to the handicapper before any decision is made to review your handicap and that there will be no appeal whatsoever from any decision of the Board in relation to a review of your handicap."

Have you previously been, or currently are, suspended from any other Club YES/NO If YES, please give details and a contact name

Signature _____ Dated this _____ day of _____ 20 _____

The above applicant is personally known to us and we believe he/her to be a suitable person to be a member of Rosnay Golf Club.

Proposer, Please Print _____ Membership Number _____

Signature _____ Date _____

Seconder, Please Print _____ Membership Number _____

Signature _____ Date _____

OFFICE USE ONLY

Received ____ / ____ / ____ Received by _____

Displayed Notice Board ____ / ____ / ____ Board Approval ____ / ____ / ____ Payment Received ____ / ____ / ____

Membership Number _____ Amount Paid _____ Receipt No _____

Identification Type _____ No _____ Sighted _____

(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.