

P.O Box 273 Gosford NSW 2250 ABN 29 000 318 187

APPLICATION FOR MEMBERSHIP

Mr/Mrs/Ms/Miss Surnar	me:					
Address: Home Phone: Business Phone:		Name Known as: Suburb: Email Address: D.O.B: Occupation:		Postcode:	Postcode:	
TYPE OF MEMBERSHIP	APPL	ED FOR:				
7 Day Member		Lifestyle				
Intermediate 1 (18 – 21	l) 🗆	Intermediate 2	(22-28) 🗆 Intermediate 3	(29-35) 🗆		
Social Golf Member		Rookies	🗌 Rookies Extensi	sion 🗌		
Junior (4-7)		Junior (8-11)	Junior (12-17)			
Social Member						
Referred by:						
	your	club: (Please leave blan		lank if you do not have on	- e)	
Has your application rejected, suspended or If Yes, please state deta	cance	lled? Yes / No		other club been deferr	·ed,	
I do hereby consent to	being		member of the Club and if s d By-Laws of the Club.	selected, agree to abide	by	
Signature:			Date:			
Signature of Guardian:			Date:			
documents will be used to process being rejected. You have the right The Club does not usually disclose	your mei to access your per	nbership application. Fai and correct any of your sonal information to any	3. The personal information provided by yellure to provide all of the requested inform information that The Club holds about yo other organization or person unless there ices under contract to The Club. These co	nation may result in your application ou. e is a legal requirement to do so. The	e	

your information confidential and secure. Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATM) may be used by The Club for marketing purposes to improve our services and any new related services and promotions.