



GORDON GOLF CLUB LIMITED

ABN 97001045478

2 Lynn Ridge Ave, Gordon NSW 2072

Ph 9498 1913 Email: info@gordongolfclub.com.au

APPLICATION FOR FULL PLAYING MEMBERSHIP

1. PERSONAL DETAILS

| | | |
|----------------------|---------------|-------------|
| Title: | Surname: | First Name: |
| Residential Address: | | |
| Suburb: | Postcode: | |
| Home Phone: | Mobile Phone: | |
| Email: | Work Phone: | |
| Date of Birth: | Occupation: | |

2. PROOF OF IDENTIFICATION

Please Note that Proof of Identity such as a Drivers Licence or Passport must be provided and sighted by club staff prior to membership applications being accepted.

| | |
|---------------------------------|---------------------|
| ID Type e.g. Licence/Passport : | ID Document Number: |
| ID Date of Issue : | ID Expiry Date: |

3. PREVIOUS/CURRENT GOLF MEMBERSHIPS – Please answer all applicable questions

I am/was a Member of _____ Golf Club up to (date) _____

My handicap is/was _____ My Previous/Current Golf Link Number _____

Please indicate which club will be your home club for GolfLink : _____

4. REFERENCES: Please provide details of two Personal Referees:

| | |
|-------|-------------|
| Name: | Contact No: |
| Name: | Contact No: |

5. Please read and Sign Below - Terms and Conditions of Membership Declarations

1. Upon election to become a Member of Gordon Golf Club Limited I agree to be bound by the Constitution and By-laws of the Club and any amendments made thereto.
2. I further understand that if in making this application for a **playing membership** of the club, I acknowledge and accept that I will be subject to the Australian Handicap System as determined by Golf Australia from time to time.
3. I agree to allow use of my personal contact details for the purposes of day to day running of the Club and acknowledge that the Club will only use such details under the provisions of the Privacy Act, 1988.
4. I agree that I will choose to access copies of the Clubs Annual Report via electronic media unless I notify the club in writing that I wish to receive a printed copy via the mail.

DATE:

SIGNATURE:

OFFICE USE ONLY

| | | | | | |
|---------------|--|-------------|--|-----------------------|--|
| Date Received | | Joining Fee | | Handicap | |
| Date Approved | | Annual Fee | | Date Approved/Initial | |
| Membership # | | Total Due | | Card Printed | |
| Entered By | | Paid By | | Letter sent | |
| ID Sighted By | | Paid Date | | Notice Board Date | |