



CRONULLA GOLF CLUB LIMITED

ABN 41 000 059 478



OFFICE USE ONLY

Application Number..... Date of Issue Issued by.....

Membership Number Allocated

JUNIOR MEMBERSHIP APPLICATION

COMPLETED APPLICATIONS NOT RETURNED WITHIN THREE MONTHS FROM DATE OF ISSUE WILL NOT BE ACCEPTED

Membership category applied for

To the Board of the Cronulla Golf Club Limited

I (print full name).....

of (suburb)..... apply to become a member of Cronulla Golf Club Limited and request you enter my name on the Register of Members accordingly, and I agree to be bound by the Memorandum and Articles of Association and By-Laws in force from time to time. I agree to pay the prescribed entrance fee and annual subscription to the 30th June next and all future subscriptions by 1st July in each year until I shall in writing resign.

Dated this day of 20..... Signed

APPLICANTS DETAILS

Title..... Surname..... Date of Birth.....

Given Names Occupation

Residential Address Postcode

Postal Address Postcode

Telephone Number (Home)..... (Work)

Fax..... Mobile.....

Emergency Contact – Name..... Number.....

E-mail.....

GOLFING DETAILS:

Current Club Current Handicap.....

Golf Link Number

Have you ever been suspended or expelled by or from any other club? Yes / No

ELOUERA ROAD, NORTH CRONULLA, 2230
P.O. BOX 2057, TAREN POINT N.S.W. 2229
Ph. 02 9523-6777 Fax. 02 9527 3929
Email: info@cronullagolf.com.au
www.cronullagolf.com.au

NOTE: BOTH THE PROPOSER AND THE SECONDER SHALL BE MEMBERS OF AT LEAST TWELVE CALENDAR MONTHS AND ATTAINED THE AGE OF 18 YEARS

Proposer (Print)..... Membership No.....

Signature..... Date.....

Seconder (Print)..... Membership No.....

Signature..... Date.....

1. Upon making application for membership of the Club you acknowledge and accept that you will be subject to Golf Australia's handicapping and course rating systems and your handicap may be reviewed at the absolute discretion of the Board of Directors on the basis of any cards returned in any competition.
By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the Committee or the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the Board in relation to a review of your handicap.
2. A Member may at any time, by written notice to the General Manager, resign their Membership from the Club, but shall continue liable for all or any Annual Subscriptions and all or any arrears due and **unpaid at the time of such resignation.**
3. Cronulla Golf Club Limited is subject to the provisions of the **Privacy Act 1988.** The personal information provided by you on this form/application and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you.
The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Do you wish to receive marketing material and information about our promotions and services?

YES / NO

Election for the receipt of annual reports:

- I direct the Club to send me annual reports by post to the address herein.
- I direct the Club to send me electronic copies of annual reports to the email address herein.
- I direct the Club not to send me any annual reports.

Please sign in acceptance of conditions of this application

.....
Applicant Signature

OFFICE USE ONLY

Nomination Fee \$..... Receipt Number.....

Date.....

Membership Fee \$..... Joining Fee \$.....

Accepted by The Board of Directors..... Date.....