

# Application for Membership

Surname **Mr / Mrs / Ms / Miss** \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Home Work Mobile

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full Member                     | <input type="checkbox"/> Intermediate Member 1 (18-23) | <input type="checkbox"/> Country Member (reside > 100km away)       |
| <input type="checkbox"/> 6 Day Member (Mon-Fri + Sunday) | <input type="checkbox"/> Intermediate Member 2 (24-25) | <input type="checkbox"/> 3 month Trial Member                       |
| <input type="checkbox"/> 5 Day Member (Mon-Fri)          | <input type="checkbox"/> Intermediate member 3 (26-28) | <input type="checkbox"/> Junior Member                              |
|  |  | <input type="checkbox"/> Junior Member (with parent as full member) |

**Present**—Membership of other Golf Clubs

No

Yes, at \_\_\_\_\_ H'cap \_\_\_\_\_  
Golflink No. \_\_\_\_\_

**Past**—Membership of other Golf Clubs

No

Yes, at \_\_\_\_\_ H'cap \_\_\_\_\_  
Golflink No. \_\_\_\_\_

How did you hear about Membership at Ashgrove Golf Club?  
\_\_\_\_\_

Proposed by \_\_\_\_\_ Member No \_\_\_\_\_ Signature \_\_\_\_\_

Seconded by \_\_\_\_\_ Member No \_\_\_\_\_ Signature \_\_\_\_\_

**Personal Referees**

- |    |            |                 |
|----|------------|-----------------|
| 1. | Name _____ | Telephone _____ |
| 2. | Name _____ | Telephone _____ |
| 3. | Name _____ | Telephone _____ |

**Conditions of Membership**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Full Nomination and subscription fees must be paid when lodging your nomination form.<br><br><input type="checkbox"/> Nominee can play on Course without payment of Green Fees after all fees have been paid and receipted. Membership Card/receipt must be produced to Pro Shop prior to all play.<br><br><input type="checkbox"/> Nominee can only play in Club <i>Single</i> Competitions for the purpose of obtaining score cards for handicap purposes. | <input type="checkbox"/> Non completion cards signed by a member of any club will be accepted for handicapping purposes.<br><br><input type="checkbox"/> A 5-Day Member is entitled to play Monday, Tuesday, Wednesday, Thursday & Fridays with the exception of Public Holidays and is required to produce his Membership Card to the Professional for recording prior to playing on the Course, otherwise full Green Fees will be required. | <input type="checkbox"/> Applications for memberships are approved at monthly Board meetings. Full playing rights are allowed prior to new member approval from the Board.<br><br><input type="checkbox"/> I accept the Clubs privacy policy which is available on the website.<br><br><input type="checkbox"/> I Agree to accept and be bound by the clubs Memorandum & Articles of Association & Constitution.<br><br><input type="checkbox"/> I hereby certify that all the information given above is correct. |
|---|---|--|

Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo I.D Type and No. \*(Required by Legislation) \_\_\_\_\_

\* Anti-Money Laundering and Counter Terrorism Act 2006



**Ashgrove Golf Club**

ACN 069 667 510  
 ABN 89 009 667 510  
 863 Waterworks Road, The Gap Qld 4061  
 PO Box 24, The Gap QLD 4061  
 Telephone 07 3366 1842 Fax 07 3366 5599

**Office Use Only**

Nomination Fee	\$ _____	Date	_____	Receipt No	_____
Membership Fee	\$ _____	Time	_____	Received by	_____
Total Paid	\$ _____				