

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 | <input type="checkbox"/> Country Member (reside > 100km away) |
| <input type="checkbox"/> 6 Day Member (Mon-Fri + Sunday) | <input type="checkbox"/> 5 Day Member (Mon-Fri) | <input type="checkbox"/> 3 month Trial Member |
| <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

- | | | |
|---|--|--|
| <p>1. Full Nomination and subscription fees must be paid when lodging your nomination form.</p> <p>2. Nominee can play on Course without payment of Green Fees after all fees have been paid and receipted, and can submit score cards for handicap purposes. These score cards must be signed by a member of any Club. (Nominees must show a receipt of fees to the Professional before playing)</p> | <p>3. a) Prior to acceptance by the Club Committee which meets on the fourth Thursday of each month.</p> <p>b) Nominee can only play in Club <i>Single</i> Competitions for the purpose of obtaining score cards for handicap purposes.</p> <p>4. 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</p> | <p>Membership Card to the Professional for recording prior to playing on the Course, otherwise full Green Fees will be required.</p> <p>5. I Agree to accept and be bound by the clubs Memorandum & Articles of Association.</p> <p>6. I hereby certify that all the information given above is correct.</p> |
|---|--|--|

Signature _____ Date _____

Photo I.D Type and No. *(Required by Legislation) _____
* Anti-Money Laundering and Counter Terrorism Act 2006



Ashgrove Golf Club
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 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	\$ _____		