



OFFER: UP TO 15 MONTHS OF GOLF - MEMBERSHIP THROUGH TO 31 AUGUST 2027

1. Membership category

<input type="checkbox"/> Full Membership \$1,599 Full 7 Day Access	<input type="checkbox"/> 6 Day Membership \$1,299 Sunday to Friday access	<input type="checkbox"/> 5 Day Membership \$1,149 Weekday access	<input type="checkbox"/> 9 Hole Flexi Membership \$929 9 Hole access only
9 Hole Flexi course access: 9 Hole access only. Course Access - Monday All Day, Tuesday before 7.30am and after 9.30am, Wednesday all day, Thursday after 1pm, Friday all day, Saturday after 3pm and Sunday after midday. Maximum one 9-hole booking per day.			

2. Applicant details

Given name		Surname	
Date of birth	___ / ___ / ____	Mobile	
Email		Occupation	
Residential address		Postcode	

3. Golf membership history

Current member at another golf club?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current club name	
GA Connect number		Current handicap	
Past golf club member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Past club name	
How did you hear about this offer?		Member referral name (if applicable)	

4. Proposer / seconder and referees (leave proposer/seconder blank if you do not know current members)

Proposed by		Member No.	
Signature		Seconded by	
Member No.		Signature	
Referee 1	Name: _____ Mobile: _____	Referee 2	Name: _____ Mobile: _____

5. Offer notes

Offer period Offer closes 31 August 2026 unless extended, varied or withdrawn by the Club.	Membership period Membership runs from processing/approval through to 31 August 2027.
Eligibility Available to new golfing members and eligible former golfing members only.	Payment Full payment required with application unless an approved PayAsYouGolf arrangement applies.



5. Applicant declaration

<input type="checkbox"/>	I am applying for the membership category selected on this form and understand that access, booking rights and competition rights are subject to that category, including Full 7 Day Access, 6 Day, 5 Day and 9 Hole access only where applicable.
<input type="checkbox"/>	I understand this offer is available only to new golfing members or former Ashgrove Golf Club golfing members who have not held a financial golfing membership at Ashgrove Golf Club at any time since 1 September 2024.
<input type="checkbox"/>	I understand that the no nomination fee benefit applies only to this offer and has no cash value.
<input type="checkbox"/>	I understand fees paid under this offer are generally non-refundable, except where required by law or approved by Ashgrove Golf Club.
<input type="checkbox"/>	I agree to comply with Ashgrove Golf Club rules, policies, by-laws, Constitution, competition conditions, dress standards, pace of play requirements and reasonable directions from Club staff and officials.
<input type="checkbox"/>	I accept the Club Privacy Policy available on the Club website and consent to my information being used to process this application, administer membership, manage GA Connect and meet Club/affiliation requirements.
<input type="checkbox"/>	I certify that the information provided in this application is true and correct.

Applicant signature

Signature		Date	___ / ___ / ____
Printed name			

OFFICE USE ONLY

Application received	___ / ___ / ____	Received by	
Payment method	<input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> EFT <input type="checkbox"/> PayAsYouGolf	Receipt / invoice no.	
Amount paid	\$	Payment date	___ / ___ / ____
Photo ID sighted	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID type / reference	
Eligibility checked	<input type="checkbox"/> New member <input type="checkbox"/> Lapsed eligible	Last AGC golfing membership	
MiClub profile	<input type="checkbox"/> Created <input type="checkbox"/> Updated	Member number	
GA Connect	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Not required	GA Connect no.	
\$100 club credit	<input type="checkbox"/> Applied <input type="checkbox"/> Pending	No nomination fee applied	<input type="checkbox"/> Yes
Approved / processed by		Date completed	___ / ___ / ____

Office processing note: Confirm selected category, eligibility, payment and GA Connect details before activating playing rights. All fields below the applicant signature are office use only.

Member pack issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
Welcome email sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal notes	_____ _____