

Entered By

ID Sighted By

GORDON GOLF CLUB LIMITED

ABN 97001045478

2 Lynn Ridge Ave, Gordon NSW 2072

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

APPLICATION FOR SOCIAL CLUB IVIEIVIBERSHIP						
1. PERSONAL DETAILS						
Title:	e: Surname:		F	First Name:		
Residential Address:						
Suburb:			[Post	code:	
Home Phone:				Mob	ile Phone:	
Email:			\	Worl	k 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 :				D Expiry Date:		
4. GOLFING DETAILS:						
Current Golflink Number:				Clul	ub: Handicap:	
Any previous golf club membership:				Dates (approx):		
5. Please read and Sign Below - Terms and Conditions of Membership Declarations						
 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. I further understand that if in making this application for a social club 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. 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. 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	

Notice Board Date

Letter sent

Paid By

Paid Date