

Remembrance Drive
PO Box 1449 Griffith, NSW 2680

Phone > 02 69623173
E-mail > wayne@griffithgolfclub.com.au
Internet > www.griffithgolfclub.com



APPLICATION FOR WEEKDAY MEMBERSHIP

Name: (Mr/Mrs/Miss/Ms) _____

Residential Address _____

Postal Address _____

E-Mail Address _____

Phone: Home _____ **Work** _____ **Mobile** _____ **Fax** _____

Date of Birth ___/___/___ **Occupation** _____ **Employer** _____

Introductory Members plays Golf (right of left handed) _____

Emergency Family Contact: Name _____ **Contact Phone No** _____

Emergency Contact Relationship (i.e. Husband/Wife/Father/Mother etc): _____

WEEKDAY MEMBERSHIP PRICE (Inc GST)

	Category	Club Fee	Affiliation Fee	Golf Link	Total
[]	Weekday Male Member	\$252	\$45	\$3	\$300
[]	Weekday Lady Member	\$252	\$45	\$3	\$300

Signature of Applicant _____ **Date** ___/___/___

Do you wish to receive information about our promotions and services? Yes [] No []

Do you wish to receive the Annual Financial Report of the Club? Yes [] No []

Nomination,

We, the undersigned members of the Griffith Golf Club, respectively nominate and second the application for membership.

Nominator _____

Print Name

Sign

Second _____

Print Name

Sign

Weekend Membership Restrictions:

- Can only play mid-week competition and public Holidays
- Can get an AGU Handicap.
- Can play in all club midweek competitions
- Cannot win major Club events, Scramble, Monthly Medals and Board events
- If playing weekends competition you will play Visitors Competition Fees.

Thursday, 18 February 2021

Griffith Golf Club Co-operative Society Ltd. ABN 93 423 499 875
Secretary/Manager > Wayne Moat **President** > Robin Salvestro

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Note

All applications for membership will be dealt with by the Board of Directors as soon as Practicable. In the event of an application for membership being rejected the Board of Directors shall not be bound to give the applicant any reason for such rejection and the decision of the Board shall be final.

Golf Link Number

If you have a current Golf Link Card from your previous club please record that number below:

Golf Link No _____ Previous Club _____

Current Handicap _____ at _____ Golf Club.

Do you wish for Griffith Golf Club to be your home club for handicapping? Yes [] No []

In making application for membership of the Club you acknowledge and accept that you will be subject to the Australian Handicap System handicapping system and your handicap may be reviewed in 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 handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the Board of Directors in relations to a review of your handicap.

Privacy Statement

The Griffith Golf Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application will be used to process your membership application. The Club does not disclose your personal information unless there is a legal requirement to do so. Your personal information may with your permission, be used by the Club for marketing purposes, you have the right to access the personal information we hold about you. Your personal information will also only be used in accordance with the Australian Golf Union services including an official Australian handicap.

PAYMENTS CAN BE MADE IN THE FOLLOWING WAYS

Monthly Payments [] Cash [] Cheque [] Credit Card []

Monthly payments are paid monthly by instalments through Direct Debit from your nominated bank account or Credit Card. Fees apply for using this method of payments.

Monthly Direct Debits forms are attached.

PLEASE COMPLETE FOR CREDIT CARD PAYMENT

Name of Card Holder _____

CARD NO. | _ | _ | _ | _ | | _ | _ | _ | _ | | _ | _ | _ | _ | |

VISA [] MASTERCARD [] EXPIRY DATE ___/___ AMOUNT \$ _____

SIGNATURE _____

NOT VALID UNLESS SIGNED BY CARDHOLDER

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