



APPLICATION FOR GOLFING MEMBERSHIP 2010/2011

To the Board of Ashlar Golf Club Limited;

I desire to become a member * **indicated below** of Ashlar Golf Club Limited and request you enter my name on the Register of Members accordingly, and I agree to be bound by the Constitution, Rules and By-Laws of the Club.

Dated thisday of 20..... Signed

APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEES & CHARGES

* **MEMBERSHIP CATEGORY – [PLEASE TICK THE APPROPRIATE CATEGORY BOX]**

7-DAY PLAYING MEMBER

Persons who have attained the age of 18 years and are elected as a 7-day 'Golfing Member' of the Club shall be entitled to all the social and playing privileges of the Club. 7-day Members shall be entitled to attend or vote at any meeting, nominate or be elected to the Board or any office in the Club.

6-DAY PLAYING MEMBER

Persons who have attained the age of 18 years and are elected as a 6-day Member of the Club. 6-day Members shall be entitled to all the social privileges of the Club, but their playing privileges shall be restricted to Mondays, Tuesdays, Wednesdays, Thursdays, Fridays and Sundays. 6-day Members shall be entitled to "restricted voting entitlements".

5-DAY PLAYING MEMBER

Persons who have attained the age of 18 years and are elected as a 5-day Member of the Club. 5-day Members shall be entitled to all the social privileges of the Club, but their playing privileges shall be restricted to Mondays, Tuesdays, Wednesdays, Thursdays and Fridays. 5-day Members shall be entitled to "restricted voting entitlements".

APPLICATION DETAILS - [PLEASE PRINT]

Title..... Surname..... Date of Birth.....

Given Names..... Occupation

Residential Address Postcode

Postal Address Postcode

Telephone Number (Home)..... (Work)

Fax..... Mobile..... E-mail.....

Married Yes / No Dependents..... ID Type..... Id No.....

GOLFING DETAILS

Current Club Current Handicap

Golf Link Number Were you a previous member of Ashlar? Yes/No



NOMINATOR & SECONDER DECLARATION

In accordance with Article 8 of the Club's constitution I hereby declare that I am over the age of 18 years and have been a financial 'golfing member' of Ashlar Golf Club Limited exceeding 12 months and consider him/her to be an eligible member.

Nominator (Print)..... Membership No.....

Signature..... Date.....

Seconder (Print)..... Membership No.....

Signature..... Date.....

1. Upon making application for membership of the Club you acknowledge and accept that you will be subject to the Australian Golf Union handicapping system and your handicap may be reviewed at the absolute discretion of the General Committee/Board on the basis of any cards returned in any competition.
2. A Member may at any time, by written notice to the General Manager, resign their Membership from the Club, but shall continue liable for all or any Annual Subscriptions and all or any arrears due and **unpaid at the time of such resignation.**
3. Ashlar Golf Club Limited is subject to the provisions of the **Privacy Act 1988**. The personal information provided by you on this form/application and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you.

The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Do you wish to receive marketing material and information about our promotions and services?

Yes No

Please sign here in acceptance of conditions of this application X.....

OFFICE USE ONLY

Membership Fee \$..... Joining Fee \$.....

Date..... Receipt Number..... Card # Issued

Accepted by the Board of Directors..... Date.....