

# LEONGATHA GOLF CLUB ABN:46 325 018 423 *Club Manager: Josh Hall* 855 Koonwarra-Inverloch Road, Leongatha South, 3953 (P.O. Box 578, Leongatha 3953) Tel: 5664 3314 Fax: 5664 3377 info@leongathagolf.com.au *www.leongathagolf.com.au*



## MEMBERSHIP APPLICATION FORM

### **SECTION A: YOUR DETAILS**

Full (16-21 yrs old) (As at 30 June each year)
Full (22-25 yrs old) (As at 30 June each year)

Full (26-30 yrs old) (As at 30 June each year)

House (Handicap or insurance not included)

Pay & Play (You pay G/Fee of \$17 for 18H or \$11 for 9H, plus competition fee, if applicable)

District (Current full member of a South Gippsland District Golf Association affiliated Golf Club)

Social (12 Social games of 9 holes per financial year, not in competition. Handicap not included.)

(You are not eligible for Club Championships, Monthly Medal, Pennant or other Board Events)

| First Name  |  |  | Surname  |    |  |          |                                    |                     |  |
|---|--|--|--|----|--|----------|------------------------------------|---------------------|--|
| Address   |  |  |  |    |  |          |                                    |                     |  |
|   |  |  |  |    |  | Postcode |                                    |                     |  |
| Home phone  |  |  | Mobile   |    |  | Business |                                    |                     |  |
| Email   |  |  |  |    |  |          |                                    |                     |  |
| Occupation  |  |  |  | Da |  |          | ate of Birth                       |                     |  |
| Are you a member of any other sports club? (If yes, please state which club and which sport)  |  |  |  |    |  |          |                                    |                     |  |
| How were you introduced to this club? Eg friend, advertising, internet, green fees player   |  |  |  |    |  |          |                                    |                     |  |
| Full Full (16-21yrs old) Pay & Play House   |  |  | SHIP CATEGORY (Please tick one Introductory Full (22-25yrs old) District |    |  | one)     | Country Full (26-30yrs old) Social |                     |  |
| certify that the particulars set out in my application above are correct and that I have read & accept the terms and conditions set out in this form. I apply to be elected to membership of Leongatha Golf Club and, if elected, agree to be bound by the constitution of the club and to any rules made by the Board from time to time. |  |  |  |    |  |          |                                    |                     |  |
| Signature   |  |  |  |    |  | Date     |                                    |                     |  |
| MEMBERSHIP FEE SCHEDULE FOR 01/07/17 – 30/06/18 (All prices are inclusive of GST)   |  |  |  |    |  |          |                                    |                     |  |
| Category  |  |  |  |    |  | Yearly   | M                                  | Ionthly Instalments |  |
| Full Playing  |  |  |  |    |  | \$761 *  | ^                                  |                     |  |
| Introductory (Over the age of 18 and never been a member of Leongatha Golf Club)  |  |  |  |    |  | \$470 ^  |                                    |                     |  |
| Country (Residing outside the boundaries of the South Gippsland District Golf Association)  |  |  |  |    |  | \$578 *  | ٨                                  |                     |  |

\$153 \*^

\$307 \*^

\$460 \*^

\$238 \*^

\$578 \*^ \$195 ^

\$35

<sup>\*</sup> Pro-rata rates available ^ Affiliation Fee included for all these categories of membership

#### **SECTION C: TERMS & CONDITIONS**

Office Use Only

WELCOME

**XERO** 

- 1. If this application is for a golf playing membership of the Club, you acknowledge and accept that:
  - a. you will be subject to the Golf Australia handicapping system and your handicap may be reviewed at the discretion of the Golf Committees on the basis of any cards returned in any competition
  - b. you will have no right to make any representations to the Committees before any decision is made to review your handicap
  - c. there will be no appeal whatsoever from any decision of the Committees in relation to a review of your handicap
- 2. A Member may resign from membership of the Club only if the Member has:
  - a. paid all amounts owing by the Member to the Club, and
  - b. given not less than one month's written notice to the General Manager. Otherwise, the Member will continue to be a Member and liable for any outstanding membership fees and other amounts payable to the Club.
- 3. Leongatha Golf Club is subject to the provisions of the Privacy Act 1988. The personal information you provide when you join the Club is used to maintain your membership of the Club and to comply with the Associations Incorporation Reform Act 2012 and the Club's constitution.
  - You will have the right to access and correct any of the personal information that the Club holds about you. The Club will not usually disclose your personal information to any other person or organisation unless there is a legal requirement to do so.
  - The Club may disclose that information to third parties that provide services under contract to the Club, Those contracts require that those parties keep that information confidential.
- 4. If you have provided an email address, the Club may send you newsletters, invitations or other communications about Club events and information. By signing this application you consent to those communications for the purposes of the Spam Act 2003 but you may withdraw that consent at any time giving written notice to the General Manager, or by unsubscribing in the footer of the emails sent.

#### SECTION D: APPLICANTS FOR GOLF PLAYING MEMBERSHIPS PLEASE COMPLETE Have you previously been a member of a golf club? YES NO Which Club/s? Years Are you currently a member of a golf club? YES NO Which Club/s? **Current Handicap Golflink Number** Will Leongatha Golf Club be your home club YES NO YES Have you ever been suspended or expelled from another golf club? NO **SECTION E: MEDICAL INFORMATION** Do you have any medical conditions that may impact your participation at the club? Please do not leave blank – if there is no information please write 'None'. Please insert the information below to indicate the persons who should be contacted in event of an incident/accident. **Emergency Contact Contact number SECTION E: NOMINATION** In accordance with rule 12 of the Club's constitution, we respectively nominate & second the application for the application for membership of Leongatha Golf Club **Nominator** Signature Date Seconder Signature Date

...... Amount Paid ...... Received By .....

MAILC

LOGIN

S/S

Presented to the Board ....../....../.......