



APPLICATION FOR MEMBERSHIP



Dr Mr Mrs Miss Ms Other: Surname:

Given Name: Preferred Name:

Address: Post Code:

Phone (AH): Phone (BH): Mobile:

E-mail Address: Date of Birth: / /

Occupation: Self Employed: YES NO

Name of Employer:

Employer Address: Post Code:

Applicable medical conditions:

Applicable allergies:

Category of Membership: (Please Tick Box)

7 day (Full)	6 day (Sun - Fri)	5 day (Mon - Fri)	Intermediate 18-25
Full Time Student 18-25	Junior 12-17	Cadet 8-11	Conditional
Social	Daylight Saving Social Golf (Mon-Fri)		

Use this section if you have a proposer and seconder who are current Members of Box Hill Golf Club

Proposer

Surname: Given Name: Signature:

Secunder

Surname: Given Name: Signature:

OR If you do not have a proposer and seconder who are current Members of Box Hill Golf Club, attach two written references from persons unrelated to you.

Reference No 1

from : of: Ph:

Reference No 2

from : of: Ph:

Last Golf Club Membership (if any)

Club: Handicap:

Golf Link No. Years you were a Member of the Club e.g. 1993–1997:

Do you want to make Box Hill your home club for handicap purposes: YES NO

Could you please tell us what prompted you to initially look at our Club?

Internet/Google Friends Members Advertisement Local Other:

Emergency Contact

Given Name:

Surname:

Contact Number:

Relationship to Applicant:

I agree to abide by the terms & conditions of the Box Hill Golf Club as set down in the Constitution & By-laws of the Club.

Please tick here if you do not want your name and phone number published in the Box Hill Golf Club Hand Book.
(To be signed by parent if applicant is under 18 and print full name of parent)

Date of Birth: / /

Signature of Applicant:

Application Fee

To submit your application, please return the completed form to Box Hill Golf Club

Email: membership@boxhillgolfclub.com.au

Fax: (03) 9701 5365

or: in person at the office during business hours Monday - Saturday. Box Hill Golf Club: 202 Station St, Box Hill 3128

I, give Box Hill Golf Club consent to withdraw the applicable application fee from the credit card below

Credit Card Number:

Expiry Date: /

Name on Card:

CCV:

Signature on Card:

Date: / /

\$110 non-refundable fee for 7, 6, 5 Day & Conditional Categories • \$55 non-refundable fee for Intermediate • Jnr/Cadet – No fee

OFFICE USE

D A Received

Receipt No.

Membership Procedure

1. This form is to be completed in all aspects prior to the proposal for membership of the Club being considered.
2. Once completed, it should be submitted to the Club office and accompanied by a \$110 application fee. This will be credited against your Subscription Fees should your application be successful.
3. Your application will be considered by the board and once approved, you will be notified in writing that your application and deposit has been received along with the next scheduled Membership Induction date with a Board member or Management.
4. After this induction, a letter will be sent by the General Manager or Membership Manager advising you of your acceptance to the Club and an invoice for payment of any applicable Entrance Fee, Annual Subscription and any other charges or levies applicable.
5. Upon payment of such fees, the applicant will become a Member of the Club and will be issued with a membership Tag. If within one month of such request, the relevant fees are not paid in full, the election to membership shall be null and void and any prior payments made shall be retained by the club.

Signed Acknowledgement

Please ensure you have read the 'membership Procedure' above prior to signing this form. The Applicant, in signing this form acknowledges, accepts and agrees;

1. That the information provided in this application is true and correct.
2. The Board shall not be bound to accept the application for membership or to give any reason for the non-acceptance of any application.
3. To abide by the Club's Constitution, By-laws and Policies (copies of these are available upon request in writing from the Club's General Manager).
4. That any changes to personal details must be advised to the Golf Club Office immediately.
5. That the applicant's personal details may be forwarded to sporting bodies for the purpose of affiliation and are held on the Club's database for the purpose of servicing of notices and to comply with the liquor Reform Act.
6. To provide consent for The Box Hill Golf Club or their contractors to use the applicants' personal information so they can send newsletters or other material to the applicant.
7. That the applicants telephone number may be printed in the Program of Events and given to members and club Staff who may need to contact the applicant.



202 Station Street, Box Hill VIC 3128

General Enquiries: (03) 9808 1526

Fax: (03) 9888 8645

Email: receptionist@boxhillgolfclub.com.au

www.boxhillgolfclub.com.au