

BEENLEIGH RSL & GOLF CLUB

MEMBERSHIP APPLICATION - GOLF

PERSONAL DETAILS

Title _____
First Name _____ Surname _____
Preferred Name _____ Date of Birth _____
Residential Address _____
Postal Address _____
Mobile _____ Home Phone _____
Email _____
Occupation _____
Emergency Contact & Relationship _____ Phone _____

FAMILY MEMBERS

If you are related to any current members of the Club, please provide details

Full Name _____
Relationship _____

MEMBERSHIP CATEGORY

Membership through until 30th June

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Partner Member | <input type="checkbox"/> Junior Member |
| <input type="checkbox"/> Midweek | <input type="checkbox"/> Colt Member | <input type="checkbox"/> My Golf Junior |
| <input type="checkbox"/> Flexi Member | <input type="checkbox"/> Service Member | <input type="checkbox"/> Social Member |

Joining as a Senior? Please provide your Senior/Pension Card #: _____

Current Service (Personnel Number) or Ex Service Personnel (RSL State Member #): _____

GOLF DETAILS

If you are currently or have previously been a member of another Golf Club, please advise:

Club Name _____

Golf Link Number _____ Golf Handicap _____

Make Mt Warren Park my Home Club? YES NO

BEENLEIGH RSL & GOLF CLUB

JOINING DETAILS

Have you been referred to Mt Warren Park Golf Course by an existing member? Yes No

If yes, name of referring member: _____

What prompted your application:

Referral (Family/Friend) Website Visit to the Club
 Flyer Social Media (Facebook) Other: _____

Do you smoke? (for development purposes) Yes No

MEMBERSHIP DECLARATION

Have you ever been refused membership or had your membership withdrawn from a Club?

Yes No

I certify that the particulars set out in my application are true and correct.

I, hereby, agree to abide by the Constitution of the Mt Warren Park Golf Club Inc. and the terms of the Mt Warren Park Golf Membership Policy.

Whilst on the premises (Golf Course, Clubhouse, Pro-Shop, Carpark) of the Beenleigh RSL & Golf Club, I will abide by the rules and the by-laws of the Returned and Services League of Australia (Qld Branch) Beenleigh and District Sub Branch.

I agree to be bound by any rules made by the RSL Board or Management, or the elected Golf Committee from time to time.

If you have provided an email address, the Club may send you newsletters, invitations, advertising or other promotional communications. By signing this application you consent to those communications for the purposes of the Spam Act 2003. If you wish to "opt out" of the specified communications please tick

Signed: _____ Date: _____

OFFICE USE ONLY

Golf Membership #: _____ RSL Membership #: _____

MiClub Information Issued by: _____ Subscription Paid: \$ _____

Payment Method: Cash Eftpos Cheque Bank Deposit Payment Plan (installments)

Direct Debit - Completed: Monthly Payment Agreement Direct Debit Authority Form

Application Processed by: _____ Processed on: _____

Beenleigh RSL & Golf Club

13 Bardyn Halliday Drive, Mt Warren Park Qld 4207

Clubhouse Ph: 3287 4000 | Pro-Shop Ph: 3287 1951