



BALLARAT GOLF CLUB JUNIOR MEMBERSHIP APPLICATION

SURNAME:

GIVEN NAME: PREFERRED NAME:

ADDRESS:

TOWN: POSTCODE:

DATE OF BIRTH: MALE FEMALE

OCCUPATION: EMPLOYER:

PHONE - HOME: BUSINESS:

MOBILE:

EMAIL:

MEMBERSHIP TYPE

COLT (17 - 21 YO) JUNIOR (12 - 16 YO) CADET (5 - 11 YO)

PREVIOUS GOLF INFORMATION

ARE YOU A MEMBER OF ANOTHER GOLF CLUB: YES NO

CLUB NAME:

GOLF LINK NO: HANDICAP:

HOME CLUB TO BE:

EMERGENCY CONTACT

NAME: RELATIONSHIP:

HOME PHONE: MOBILE:



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REFEREES

PROPOSER NAME: SIGNATURE: _____

SECONDER NAME: SIGNATURE: _____

EMAIL NOTIFICATION

The Club keeps our members informed through email and SMS.

If you wish to receive these please tick the relevant boxes - Email SMS

DECLARATION

I agree to abide with the Bi-Laws and rules of the Ballarat Golf Club. I certify that all of the information included in this application form is true and correct. I understand that the application for membership must be approved in accordance with the rules of the Ballarat Golf Club. When the application is approved I will be notified and the appropriate annual fee must be paid before membership is granted .

The information that you provide to the Ballarat Golf Club will only be used by the Club and its contracted parties to provide you with information relevant to the Club and your membership. It will be kept private and confidential and will not be shared with any other parties for other use unless consent is given by you.

Signature of Applicant: _____

Print Name: _____ Date: ____/____/____

Required for applicants under the age of 18

Signature of Parent Guardian: _____

Print Name: _____ Date: ____/____/____

OFFICE USE

Date Received: ____/____/____ Date Board Approved: ____/____/____

Invoice Sent Date: ____/____/____ Membership Pack Sent: ____/____/____

Membership Number: _____