

FULL PLAYING Membership Application

\$95 per month on Direct Debit *
(minimum 12 month commitment)

Byron Bay Golf Club Ltd

Tel: (02) 6685 6470 Fax: (02) 6685 5245
62 Broken Head Road Byron Bay NSW 2481
Email: admin@byronbaygolfclub.com.au ABN: 62 001 043 205



Please print clearly

Mr/Mrs/Miss/Ms (please circle)

I (Full Name) _____

Of (Residential Address) _____

Town: _____ State: _____ Postcode: _____ D.O.B: ____/____/____

Occupation _____ Contact Phone: _____

Email Address: _____

Golf Link No. _____ Do you want Byron Bay as home club Yes / No

Hereby apply to the Board of Byron Bay Golf Club Ltd to be admitted membership as a Full Playing Member.

I hereby agree to be bound by the Constitution and By-Laws of the Byron Bay Golf Club.

The Byron Bay Golf Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this membership application form will be solely 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 will not disclose your personal information to any other organisation or person unless there is a legal right to do so.

Signed: _____ Date: ____/____/20____

How did you find out about membership to Byron Bay Golf Club? _____

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For Office Use Only

I (Authorised Officer) _____ an employee of the Byron Bay Golf Club Ltd, declare that I have sighted the applicants required Identification and I am satisfied the person appearing thereon is the same person as the applicant. Signed (staff Member) _____

ID Sighted (circle ID provided) Passport / Drivers License / Photocard: _____ **(details of ID sighted)**

Referring BBGC Member Name: _____ member #: _____

Fee Paid \$ _____ Date Paid: _____ Receipt Number: _____

DIRECT DEBIT REQUEST

I, _____ (Name)

Of _____ (Address)

Authorise Byron Bay Golf Club (User ID Number 386362) to arrange for funds to be debited from my/our account, and at the Financial Institution identified and described in the details of account to be debited below.

Details of account to be debited:

Bank: _____ Address: _____

Account Name: _____

BSB: _____ Account Number: _____

Note: Direct debiting may not be available on all account types. If in doubt please refer to your Bank

DIRECT DEBIT REQUEST AUTHORISATION

I/We have read your Service Agreement and acknowledge and agree to the terms and conditions. I request that you debit my/our account in accordance with the Service Agreement and subject to payments of \$95 per month for golf membership fees. * Monthly fees may increase at the beginning of the Clubs Membership year in October.

NOTE: Your account will be debited on the first business day of the month.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Both signatures required for joint accounts

*Please be advised this direct debit will continue automatically unless you advise Byron Bay Golf Club of the need to cancel *(Monthly fees may increase at the beginning of the Clubs Membership year)*

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Byron Bay Golf Club notes its commitment to you as the following:

- When a due date for drawing falls on a non-business day we will draw the amount on the next business day
- We reserve the right to cancel your membership if drawings are returned unpaid by your nominated Financial Institution. An administration fee may apply for drawings that are returned unpaid.
- We will keep all information pertaining to your nominated account at the Financial Institution private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.
- We will notify you at least 14 days in advance of any changes to the terms of this Agreement
- We may vary any details of this agreement or a direct debit (including the value of) by giving you at least 14 days written notice.
- Membership and corresponding direct debit is for a minimum continuous 12 month period debited from your account on the first business day of the month.

You note and acknowledge your commitment to Byron Bay Golf Club as to the following:

- It is your responsibility to check with your Financial Institution prior to completing the Direct Debit Request that direct debiting is available on the nominated account
- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment
- It is your responsibility to advise us, immediately in writing, if the account nominated by you is altered, transferred or closed
- It is your responsibility to meet any charges resulting from the use of the Direct Debit System. This may include fees charged to, and by us, as a result of returned drawings
- All transaction disputes, queries and claims should be raised directly with us. We will provide a response within 20 business days from the date of notice
- If you wish to defer or alter a debit payment you must notify us by calling 6685-6470 at least 14 days prior to the next debit day.
- If you wish to cancel your direct debit membership after the first year you will need to provide this request in writing or by email to accounts@byronbaygolfclub.com.au