

Mr/Mrs/Miss/Ms (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 to be admitted playing membership as (tick one):

- \_\_\_\_\_ **Full Playing Member \$1080.00**
- \_\_\_\_\_ **26-30 Playing Member (must be between 26 & 30yrs on 1<sup>st</sup> October, 2018) \$570.00**
- \_\_\_\_\_ **80+ Member (must be over 80 on 1<sup>st</sup> October, 2018) \$570.00**
- \_\_\_\_\_ **85+ Member (must be over 85 on 1<sup>st</sup> October, 2018) \$315.00**  
(above memberships include a \$60.00 house account)
- \_\_\_\_\_ **Tertiary Member (18-25yrs as at 1<sup>st</sup> October, 2018) \$300.00**
- \_\_\_\_\_ **Junior Member (15-17yrs as at 1<sup>st</sup> October, 2018) \$100.00**
- \_\_\_\_\_ **Cadet Member (5-14yrs as at 1<sup>st</sup> October, 2018) – FREE OFFER – See the Proshop for details**
- \_\_\_\_\_ **Country Member (Required to be a full member of another club and also must reside outside 50kms of this club)**  
please state name of home club & golf link no. \_\_\_\_\_

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? \_\_\_\_\_

Payment method:  Cheque payable to Byron Bay Golf Club  
 Credit Card (1% surcharge applies)  
 Visa  Mastercard \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Expiry date \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_

Return mail to: 62 Broken Head Road, BYRON BAY, NSW, 2481 Or Email: [admin@byronbaygolfclub.com.au](mailto:admin@byronbaygolfclub.com.au)  
**ALL APPLICATIONS MUST BE ACCOMPANIED WITH PHOTO ID, either photocopy (via land mail), scanned (via email) or presented at the club in person, for application to be accepted.**

**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: \_\_\_\_\_