

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 \$1100.00**
- _____ **26-30 Playing Member (must be between 26 & 30yrs on 1st October, 2019) \$570.00**
- _____ **76-79 Member (must be between 76 & 79yrs on 1st October, 2019) \$835.00**
- _____ **80+ Member (must be over 80 on 1st October, 2019) \$570.00**
- _____ **85+ Member (must be over 85 on 1st October, 2019) \$305.00**
(above memberships include a \$40.00 house account)
- _____ **Tertiary Member (18-25yrs as at 1st October, 2019) \$300.00**
- _____ **Junior Member (15-17yrs as at 1st October, 2019) \$100.00**
- _____ **Cadet Member (5-14yrs as at 1st October, 2019) – FREE OFFER – See the Proshop for details**
- _____ **Country Member \$500 (Required to be a full member of another club & 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

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: _____