



Pambula-Merimbula Golf Club Ltd

APPLICATION FORM

JUNIOR MEMBERSHIP

173 Arthur Kaine Drive, Merimbula
 PO Box 75 Merimbula NSW 2548
 Email: info@merimbulagolf.com.au

Telephone: 02 6495 6154
 Facsimile: 02 6495 6272
 Web: www.merimbulagolf.com.au

Name of Applicant: Master / Miss _____

Residential Address _____

Name of School applicant is attending _____ Class Form _____
 (Must be within Bega Valley Shire)

Telephone _____ Date of Birth _____ (age 10 to 19 years)

PLEASE NOTE: Those golfers aged 10 – 12 are welcome to apply for Junior Membership, however, the club Professional must approve their application confident they have the ability to play competition golf. Those golfers who are not ready for this are welcome to join as a Cadet Member.

Accepted by Club Professional – Signed _____

TO THE BOARD OF DIRECTORS OF THE PAMBULA-MERIMBULA GOLF CLUB:

I, _____ of _____

wish to become a Junior member of the Pambula-Merimbula Golf Club Limited and request you to enter my name on the register of Members accordingly and I agree to be bound by the Articles, Constitution, Rules and By-Laws of the Club. I note that in making application for membership of the Club I acknowledge and accept that I will be subject to the Australian Handicap System's handicapping system and my handicap may be reviewed at the absolute discretion of the General Committee/Board. In making application to the Club I also expressly acknowledge and agree that I will have no right to make any representations to the handicapper before any decision is made and that there shall be no appeal.

Have you held an Official Australian Handicap or recognised overseas equivalent: YES NO

If YES, Current Home Club _____ GOLF Link No. _____ Handicap _____

Would you like to transfer your details and make PMGC your HOME CLUB: YES NO

Your NEW Golflink Card will be posted to your address that is registered with PMGC.

Signed by Applicant _____ Signed by Parent/Guardian _____ Dated _____

Name of Parent or Guardian _____

Address _____

For further information regarding your application for membership, please contact our office on: 02 64956154

PAYMENT FOR THIS MEMBERSHIP DURING OFFICE HOURS ONLY

ID PROVIDED _____ RECEIPT NO _____ DATE _____

DISPLAYED IN BY _____ AMOUNT \$59.00 NO. _____

FEES AS AT Financial Year 2015/2016

Tax Invoice
ABN 48 001 038 357
All Prices Include GST

SUBSCRIPTION

NOMINATION FEE

ANNUAL SUBSCRIPTION

JUNIOR MEMBERSHIP

NIL

\$59.00

(age 10 to 19 years)

(ENTITLES YOU TO PLAY GOLF AND TO USE
THE DESIGNATED AREAS IN THE CLUBHOUSE).

PERSONAL INSURANCE PLAN

Personal Insurance Plan (PIP) has been included in all Golf Subscriptions.
Please see office for details if required.

ANNUAL SUBSCRIPTION RENEWALS ARE DUE ON THE 30TH JUNE EACH YEAR.

PRIVACY STATEMENT

The Pambula Merimbula Golf Club is subject to the provisions of the *Privacy Act 1988*. The personal information provided by you on this form/application and attached documents will be 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 does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to their parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATMs), may be used by the Club about those services and any new related services and promotions.

Should you not wish to receive marketing material and information please advise the Club in writing.