



Membership Application



I wish to join Port Macquarie Golf Club and hereby apply to be admitted as a member. I agree to be subject to the Rules and Regulations of the Club. I accept that the Board reserves the right to refuse any application for membership in their absolute discretion. I accept my membership is provisional until approved by the Board.

Your details

Title First Name

Known As

Surname

Address

.....

Suburb Postcode

Phone Home

Phone Mobile

Email

Date of Birth Gender

Membership Category applied for

.....

Signature..... Date

Emergency Contact Details

Name

Relationship

Phone No.

Golf Memberships Only

Do you have a current Golf ID: YES NO

Please insert Golf ID

Name of Golf Club

Would you like Port Macquarie Golf Club to be your home club

YES NO

Current handicap if applicable

Proposer Secondar

Have you ever had club membership withdrawn or suspended for any reason?

YES NO

If Yes please provide details:

.....

Please complete card details below if submitting application online:

Credit Card No.

CCV

Card type Visa Mastercard

Expiry /

NOTE Joining fee must be lodged with this nomination.

NOTE Upon notification applicants will be required to meet the appropriate Membership Committees.

ANNUAL REPORTS AND NOTICES Annual Report will be made available to members on the Club website, via email and upon written request a printed version can be provided.

PRIVACY POLICY www.portmacquariegolf.com.au By making application to the Club you acknowledge and accept that you will be subject to the Golf Australia handicapping system and your handicap may be reviewed in the absolute discretion of the Board on the basis of any cards returned in any competition.

Membership information may be provided to Golf Australia for the purposes of handicap maintenance. Should you wish, you will be able to access your personal information through Golf Australia upon reasonable notice.

By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the Board in relation to a review of your handicap.

For official use only

Membership Number:	Processed by:	Date:	Cash: [] Eftpos: []
Welcome Pack Sent: []	Returned: []	Golf ID: []	Ebet: []



Consent Form FOR GOLF MEMBERS ONLY

In accordance with our privacy policy, we seek your consent to share your personal details with specific committees within Port Macquarie Golf Club.

Please review the information below and indicate which, if any, committees you consent to receiving your information or materials such as newsletters, birthday wishes and other relevant committee information.

Name

Email address

Mobile number

Date of Birth

Permission to photograph you for presentations and marketing purposes

Sub Committees

Port Macquarie Women's Sub Committee

Port Macquarie Women's Vets Sub Committee (50 yrs+)

Port Macquarie Men's Sub Committee

Port Macquarie Men's Vets Sub Committee (55 yrs+)

I hereby grant consent for Port Macquarie Golf Club to share the selected personal details with the group/s as indicated above. I understand that this information will be used solely for Club-related purposes and will not be shared with external parties.

OR

I **DO NOT** consent to any of the above

Signature

Date