

APPLICATION FOR

Membership



I desire to be elected as a member of Long Reef Golf Club Ltd in Membership category: 7 Day 6 Day 5 Day Junior Cadet Easy Golf
(please tick)

Title: *(please tick)* Mr Mrs Ms Miss Master

Name:

Home Address:

Business Address:

Ph: Home: Mobile: Email:

Date of Birth: *(Copy of birth certificate required for proof of age if under 18).*

Emergency Contact Name: Emergency Contact Ph:

Your Present Occupation:

Are you currently a member of any other Golf Club? Yes No

If Yes, please state Club and Handicap and provide written proof:

What is your GolfLink Number: *(10 digit number)*

Will Long Reef be your home Club for handicapping purposes?

Yes No If No, which will be your home Club?

If not a member of a Golf Club have you:

(a) Formerly been a member of a Golf Club? Yes No

If Yes, please state name of Club(s) and year(s) applicable:

(b) Been refused membership or suspended or expelled from a Golf Club? Yes No

If Yes, please provide details:

Privacy Act

Long Reef Golf Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application form and attached documents will be used to process your membership. 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 third 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 ATM's), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Terms & Conditions

1. This form is to be completed by the Applicant and lodged with the Administration of the Club by the Applicant or Proposer.
2. The Applicant will be advised of the date and time at which the Applicant may attend a New Members' induction meeting.
3. The Applicant should be known to the Proposer and Secunder for at least one year.
4. Applicants who are not known to any member of the Club shall personally hand this application to the Club's General Manager, along with two (2) written references.
5. Membership runs from April 1 to March 31 annually. Pro-rata fees apply if application is accepted during this period.

Marketing

Long Reef Golf Club will send marketing material, information and promotions to Members from time to time. If you do not wish to receive marketing material, information and promotional material, opt out by ticking "NO", below?

NO Applicants Signature: Date:/...../.....

Joining Fees

Applicable to new members in the following categories

Full Playing Male and Female \$2500

6 & 5 Day Female Playing \$2500

31 – 39 YO: 7 Day Male Playing \$1500

7 Day Female Playing \$1500

6&5 Day Female Playing \$1500

26 – 30 YO: 7 Day Male Playing \$1000

7 Day Female Playing \$1000

6&5 Day Female Playing \$1000

22 – 25 YO: 7 Day Male & Female Playing \$500

Joining Fee Payment Option

Full Payment now Two-part Payment Three-Part Payment * (N/A Colts | 25—U'45 years age Categories | Partners | Family Membership)

Dates to be completed after induction

Payment 1 Due:/...../.....

Payment 2 Due:/...../.....

Payment 3 Due:/...../.....

Credit card number ____ / ____ / ____ / ____

EXP __ / __

CCV ____

By opting for the two or three part payment plan and signing below, I understand that I am bound to pay any outstanding Joining Fee payments, regardless of my future membership status, or upon exit.

Signature: Date/...../..... Authorised by Club Representative: Date/...../.....

Subscription's Payment Option (Credit card only)

Full Payment now Two-part Payment

Dates payments are due

Payment 1 Due:/...../.....

Payment 2 Due:/...../.....

Credit card number ____ / ____ / ____ / ____

EXP __ / __

CCV ____

By opting for either the two payment plan and signing below, I understand that I am bound to pay any outstanding Subscription payments, regardless of my future membership status, or upon exit.

Signature: Date/...../..... Authorised by Club Representative: Date/...../.....

I certify that the above information is true and correct. I hereby apply to be elected a member of Long Reef Golf Club Limited and request, if elected, that my name be entered in the Register of Members. I agree to be bound by the Memorandum and Articles of Association of the Company.

Signature of Applicant: Date:

Proposed by: Member No: Date:

Secunderd by: Member No: Date:

OFFICE USE ONLY:

Promotion: Date Received: Processed by: Introduced by: