



CARNARVON GOLF CLUB

Golf Membership Nomination Form

MEMBERSHIP DEAL – JOIN AS A FULL MEMBER IN AUGUST AND GET UP TO 13 MONTHS MEMBERSHIP FOR THE PRICE OF 12 MONTHS! THAT’S 1 MONTH ABSOLUTELY FREE!

Full 7 Day Membership \$1790, plus \$300 bar/dining fee. Total \$2090. (Comp fees only \$15)

Ladies Membership \$1215, plus \$300 bar/dining fee. Total \$1515. (Comp fees only \$12)

No social green fees apply. Clubhouse discounts do apply.

Includes GA affiliation fees.

Some conditions do apply. This offer is not available with monthly or half-yearly payment options.

	Membership Categories	Subs	Golf Link & Affiliation	Club Voucher	Annual Fee	Join August (1 month)
<input type="radio"/>	Full Playing (Sat, Sun, Tues, Thurs)	1689.40	50.60	50	\$2040	\$215
<input type="radio"/>	Restricted Full Playing (Sun, Tues, Thurs)	1459.40	50.60	50	\$1810	\$200
<input type="radio"/>	Male Time Poor (Sat, Sun, Tues, Thurs)	619.40	50.60	50	\$970	\$130
<input type="radio"/>	Playing (Sun, Wed, Thurs)	1129.40	50.60	50	\$1480	\$170
<input type="radio"/>	Limited 5 Day Lady (Wed, Thurs)	799.40	50.60	35	\$1050	\$130
<input type="radio"/>	Female Time Poor (Sun, Wed, Thurs)	434.40	50.60	50	\$785	\$110
<input type="radio"/>	Intermediate (18-24yrs)	229.40	50.60	-	\$280	\$70
<input type="radio"/>	Junior (12-17yrs)	76.90	28.10	-	\$105	\$35

Membership Year 1 September – 31 August

Competition Fees - \$15 (Men) and \$12 (Ladies) – may vary depending on the competition No Green Fees for social play. (Excludes Time Poor)

Title Given Names..... Preferred Name

Surname..... Date of Birth

Home Address.....

Suburb..... Post Code

Email Address

Phone (home)..... (work).....

(mobile)..... Occupation.....

Emergency Contact Person (name)..... Relation.....

Phone.....

Golfing Details

Previous Golf Club..... Golfink Number

Preferred Home Club for Handicap..... Handicap.....

Email: info@camarvongolf.com.au

Office: 9649 6255

Address: 65-95 Nottinghill Rd, Lidcombe 2141 NSW ANB 57 000 854 544

Fax: 9749 4240

www.camarvongolf.com.au

Proshop: 9649 2438

Declaration

I, the undersigned, am over the age of 18 years, and I agree, if accepted as a Member to abide by the Rules, Regulations and By-Laws of the Club. For members under the age of 18, a parent or guardian must accept these conditions on your behalf.

By completing this application you are also agreeing to abide by the Rules of Golf.

Please note that in making application for Playing Membership of the Club, you acknowledge and accept that you will be subject to the Australian Golf Union Handicapping System and your handicap may be reviewed at the absolute discretion of the Golf Committee on the basis of any cards returned in any competition.

Members who elect to pay by instalments are responsible for the payment of the whole of the annual subscription.

Privacy Statement

Carnarvon Golf Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application 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 the 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 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 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.

Signature..... **Date**

Proposer: I propose..... Who I have known foryears

Signature of Proposer..... Print Name.....

Date: Badge No: (must be a full member for 2 years)

Seconder: I Second..... Who I have known foryears

Signature of Proposer..... Print Name.....

Date: Badge No: (must be a full member for 1 years)

Office Use

Total Cost \$..... Amount Paid \$.....

Member No Interview Date

Accepted YES / NO