

APPLICATION FOR MEMBERSHIP

ABN: 21 323 087 643 Registration No: A 0009785 U (Affiliated with G.A and SWGA)



DATE: ____/____/____

I wish to apply for membership of the Queens Park Golf Club Inc. and in support of my application I supply the following particulars:

FULL NAME: _____ Miss Mrs Ms Mr Dr
(Please print)

PREFERRED NAME: _____ OCCUPATION: _____ DATE OF BIRTH (required) ____/____/____

ADDRESS: _____

POST CODE: _____

EMAIL (please print): _____

PHONE: _____ GOLF LINK No. (if applicable) _____ GENDER: Male Female

I am at present I have been a member of the _____ Golf Club, where my
handicap is / was _____ and is current or; lapsed My Home Club will be _____

Have you been refused membership of a club? Yes, No if YES please attach full details of refusal and the name of the club.

WHO DO WE CONTACT IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

PHONE(S): _____ EMAIL: _____

*If the applicant is under 18, please ensure that the emergency contact details supplied above are for a parent or guardian.
Emergency contact's email is only required if a parent/guardian wishes to be cc'd on emails from the club to a junior member.*

Privacy - Disclosure Statement and Member Consent Clause.

The Queens Park Golf Club (the Club) is committed to protecting the privacy of the personal information you provide to us. We need to collect the personal information requested on this form in order to process your membership application and provide you with a range of membership services.

We may disclose the personal information we collect on this form and any additional information that you provide to us in connection with this application to our relevant office bearers, committee members and Golf Shop staff involved in delivering our services. Your personal details will also be used to have you registered with associated sporting bodies such as Golf Link and Golf Australia. Your preferred contact details are available to other Queens Park Golf Club members in the MiClub directory.

Club Secretary will at any time provide access to you to verify the personal information we hold, and where necessary, correct any errors in this information (some restrictions and costs may apply).

By completing and returning this application form and providing us with any additional information in connection with your application, you agree to us using and disclosing your information as set out above. By providing your email address you consent to receiving electronic golf related correspondence from the Club.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving written notice to the Club.

Changes to Your Personal Information

In order for the Club to provide you with membership services, we need your current contact information. If you change your name, postal address, telephone, fax or email address at any time, you should advise the Club of these changes to the current Club Secretary. secretary@queensparkgolfclub.com

Applicant's Declaration

I HEREBY CERTIFY that the information is true and correct in every particular. I am an Amateur as defined by The Royal and Ancient Club of St. Andrews, and I agree, if admitted to membership of the Club, to abide by the Club's Rules, Policies and Regulations that may be adopted by the Club from time to time. I hereby acknowledge and accept that upon the cessation of my Club Membership for any reason whatsoever that I shall not be entitled to any refund (in whole or in part) of any Membership Subscription or Levy that I have paid.

SIGNED (Applicant) _____

SIGNED (by Parent/Guardian if applicant is under 18): _____ (Print Name) _____

PROPOSED BY _____ SIGNED _____

SECONDED BY _____ SIGNED _____

If you haven't got a proposer or seconder, please leave blank and we will make these arrangements for your nomination.

Please email your completed form to info@queensparkgolfclub.com