



\$395 INTRODUCTORY MEMBERSHIP APPLICATION

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Tasmania 7172

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www.tasmaniagolf.com.au

FIRST NAME: SURNAME:

KNOWN AS: TITLE:

DATE NOMINATED: / / DOB: / /

ADDRESS: POSTCODE:

POSTAL: POSTCODE:

PHONE: A/Hrs: Tick if you require this to be silent

WORK: MOBILE:

EMAIL:

Amount (full cost) \$ 395

Credit Card Details (Mastercard/Visa) Expiry (mmyy)

PRIOR CLUB/S: PREV. GOLF LINK NUMBER:

PREVIOUS HANDICAP: IS THIS STILL A CURRENT HANDICAP: Yes / No

DO YOU WISH TO MAKE US YOUR HOME CLUB: Yes / No

OCCUPATION: EMPLOYER:

EMERGENCY CONTACT: (Name)

RELATIONSHIP: CONTACT NO:

Signature: (*Please read conditions over leaf and sign)

Signature of Guardian if applicant is under 16:

Nominated By Member.....Member No.....

Office Use Only

Membership No. Issued

Subscription

TGC/WGT Levy

Insurance Charge

Other + / -

Payment with Application

Receipt No.

Database

Sysnet

Handicap

Membership Pack

CONDITIONS OF MEMBERSHIP

I understand that if accepted for Membership, I will abide by the Constitution and Rules of the Tasmania Golf Club, and will be held accountable for all monies owing to the Club, relating to my subscription, from the date of acceptance, and any costs incurred by the Club in recovering any outstanding subscriptions or other costs in line with my obligations under the constitution until such time as I tender my written resignation.

I understand that, notwithstanding any further information I may receive, my application for membership or any subsequent application to transfer to another category of membership is not fully approved until such time as it has been presented to a meeting of the Board. Under normal circumstances, the application would be presented to the next Board Meeting after receipt of the application.

I understand that when this form, duly completed, is received by the Club along with the Nomination Fee which applies to the category for which membership is sought, I may play without payment of green fees and may play in competition fields to enable me to return three cards for handicap purposes. I understand that, should this application be refused, this amount will be refunded in full.

Payment for membership will be made in full at the time of this application and will cover the period of 12 months.

I agree to abide by the clubs policies and code of conduct arrangements.

I have read and fully understand the Terms and Conditions of Membership and agree to accept them.

Signed: _____

Date: ____ / ____ / ____