MILDURA GOLF CLUB RESORT

Twelfth Street, Mildura, 3500
P O Box 5059, Mildura, 3502
Phone: (03) 5023 1147
Fax: (03) 5023 8301

# APPLICATION FOR GOLF CLUB MEMBERSHIP

**Membership Category**

We propose Mr, Mrs, Miss.....as a ☐ Full ☐ Restricted
(Christian Names in full) (Surname) ☐ Country ☐ Junior
☐ ……..
(other –specify)

Residential address:..... Postcode..... Postcode:..... Date of Birth: .....

Postal address: .....

Telephone:(Hm): .....(Wk).....Mobile:..... .....

Email: .....Occupation:.....

Other golf clubs:..... Handicap: ..... (if applicable)

**Do you wish Mildura to be your nominated home club?** Yes □ No □ Golf Link No ..... (if applicable)

## Membership categories and subscription rates GST inclusive (please circle applicable category)

| Membership Category | 25 - 65 yo | 18-25 yo | Over 65 yo | Under 18 |
|---|---|---|---|---|
| Full (7 day) | $480 | $360 | $330 | |
| Restricted (6 days—Sun to Fri) | $360 | $270 | $240 | |
| Country (7 days) | $180 | $180 | $180 | |
| Junior (7 days) | | | | $55 |

N.B

1. Full membership rate applies to both men and women golfers, as women are now able to play on Saturday in their own competition
2. Full membership entitles a Member to play 7 days per week.
3. All members over 65 years (whether a pensioner or not) will be classed as senior members.
4. Restricted membership allows a member to play 6 days Sunday to Friday (ie. Excludes Saturdays).
5. Country members ordinary place of residence must be more than 80km from the club house
6. 18-25 yo membership provides a 25% discount off full rate for applicable Full and Restricted members.
7. All golf members will also become Tabaret Members and receive a rewards card.
8. A surcharge will apply to members who elect to pay by direct debit on a monthly terms basis through pay as you golf. (A monthly fee applies). Please ask for details.
9. Members Personal Insurance is an optional extra from July 1, 2006. Please ask for details.
10. All new Full and Restricted members will receive a discount of 50% off the first year of membership. Full rate is applicable from 1st anniversary date.

Known to the Proposer for:…….....(Years)…….(Months) Signature: ……..……...

Print Name: ……..…….

Known to the Seconder for:……..(Years)…….(Months) Signature: ……..……..…….

Print Name: ……..…….

(NOTE: Every application to be proposed by two financial members refer:rule13)

I agree to the above nomination and if elected, undertake to pay the entrance fee and subscription rate set out above and to observe and be bound by the rules and regulations of the Mildura Golf Club Incorporated from time to time in force.

Signature of applicant: …… Date:…….

The personal information provided by you to Mildura Golf Club may be used to offer you Mildura Golf Club and related company services or for the purpose of Mildura Golf Club market research. If you do not wish your personal information to be used for these secondary purposes, please tick the box below and return this coupon to Mildura Golf Club or call 50231147. If you wish to access your personal information held by Mildura Golf Club or our privacy policy, write to the Privacy Officer at Mildura Golf Club, P O Box 5059, Mildura, 3502.

☐ Please do not send me special offers, include me in marketing research or use my personal information for any other secondary purposes.

| OFFICE USE ONLY | NOMINATION ACCEPTED | FEE PAYABLE | INVOICE SENT | INVOICE REFERENCE | PAYMENT RECEIVED | RECEIPT NO. | PERSONAL INSURANCE | MEMBERSHIP NO. |
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