



Horwood Rd, Broadford VIC 3658

Phone: 03 5784 1092

Email: broadfordgc@gmail.com

APPLICATION FOR MEMBERSHIP

I desire to become a member of the Broadford Golf Club Inc, and I agree, if elected, to be BOUND BY THE RULES AND BY-LAWS OF THE CLUB, I agree that the Board of BGC has the right to revoke my Membership at their discretion.

The following are my correct personal details:

FULL NAME:

ADDRESS **P/CODE**

OCCUPATION **DATE OF BIRTH**

PHONE NUMBER (H)..... **(W)** **(MOB)**

EMAIL ADDRESS

HAVE YOU BEEN A FINANCIAL MEMBER OF ANY GOLF CLUB SINCE 2000: Y/N

IF YES, PLEASE PROVIDE PREVIOUS GOLFLINK NUMBER

TYPE OF MEMBERSHIP APPLIED FOR (Please)

TYPE	COST P.A.	TYPE	COST P.A.	TYPE	COST P.A.
ORDINARY	\$550	COUNTRY MEMBER	\$450	SOCIAL (NON PLAYING)	\$60
SPOUSE OF MEMBER	\$330	SPOUSE COUNTRY	\$270	5 DAY MEMBER	\$400
LOCAL FAMILY	\$880	COUNTRY FAMILY	\$720	SPECIAL 6 MONTHLY	\$350
1 ST YEAR OFFER	\$350	JUNIOR	\$80	CORPORATE	\$880

All prices include GST

SIGNATURE **DATE**

PROPOSERS NAME **SIGNATURE** **DATE**

SECONDRS NAME **SIGNATURE** **DATE**

OFFICE USE ONLY

Displayed on notice board. Date

Paid \$..... Receipt No Receipt Date

Membership Number & Bag Tag Issued No. Date

Full Payment Received Treasurers Signature