



Broadford Golf Club Inc.

Horwood Rd, Broadford VIC 3658
Phone: 03 5784 1092,
Email: broadfordgolfclub@bigpond.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.....

ADDRESSP/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	\$545.00	JUNIOR	\$80.00	5 DAY MEMBER	\$390.00
SPOUSE OF MEMBER	\$320.00	COUNTRY MEMBER	\$440.00	CORPORATE	\$865.00
LOCAL FAMILY	\$865.00	SPOUSE COUNTRY	\$265.00	SOCIAL (NON PLAYING)	\$60.00
1 st YEAR OFFER	\$330.00	COUNTRY FAMILY	\$710.00	SPECIAL 6 MONTHLY	\$330.00

All prices include GST

I enclose a cheque for \$..... being the total amount of my annual subscription.

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.....