



BARWON VALLEY GOLF CLUB
 61 Barwon Heads Road,
 BELMONT, 3216, VIC
 Telephone: (03) 5243 5443
membership@barwonvalleygolfclub.com.au
 Register No: A000344BA

APPLICATION FOR MEMBERSHIP

Full Name: Title: Mr / Mrs / Ms / Miss

Address: Suburb: P/Code:

DOB:/...../..... Email:

Phone: Emergency Contact (Name):

Emergency Phone: Relationship To You:

Membership Category (Please Tick)

FULL (\$850)

U30 (\$525)

JUNIOR (UNDER 18) (\$60)

Do you have a GolfLink Number? If yes, please provide number

Current or Previous Golf Club (if any) Handicap

Do you wish Barwon Valley to be your Home Club (For handicap purposes) YES/NO

Applicant's Declaration

I have read, understand and agree that if this membership application is accepted I agree to abide by the Club's Code of Conduct and Constitution. I hereby acknowledge and accept that upon cessation of my club membership (for whatever reason) that I shall not be entitled to any refund (in whole or in part) of my membership subscription. I agree to pay in full the applicable membership subscription fee, regardless if I choose to leave the club during the term of the membership.

Signature..... Date.....

Privacy – Disclosure Statement & Member Consent Cause

The Barwon Valley Golf 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 to enable us to process your membership application & provide you with a range of membership services. If you do not provide us with the information in this form or any additional information we request, we may not be able to process your application or provide you with a range of membership services. We may disclose the personal information we collect on this form & any additional information that you provide to us in connection with this application to our relevant staff, contractors & Committee members involved in delivering our services. When other members of the Club make enquiries, Club staff may provide them your name, telephone number(s) &/or your email address. Club staff will at any time provide access to you to verify personal information we hold, & where necessary, correct any errors in this information. By completing & returning this application form &/or providing us with any additional information in connection with your application, you agree to us using & disclosing your information as set out above. By providing your email address you consent to receiving electronic correspondence from the Club. This consent to use & disclose of your personal information remains valid unless you alter or revoke it by giving 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, personal address, telephone or email address at any time, we ask that you update via the members portal.

Signature..... Date.....

Annual Subscription Payment

Payment Method: Cash Visa MasterCard Direct Debit* EziDebit DDR form required

Card Number : _____ Expiry ____ / ____ CCV: _____

Name on Card _____ Signature _____ Date _____

M/Ship No.	Bag Tag:	M/Ship Card:	Emailed:	Received:
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