



Membership Application Form

P.O. Box 449,
Red Cliffs 3496
Phone: 03 50241531
Fax: 03 50241449
Email: redcgolf@bigpond.net.au

LAST NAME		FIRST NAME	
ADDRESS			
TELEPHONE		MOBILE	
EMAIL			
OCCUPATION		DATE of BIRTH	
EMERGENCY CONTACT	NAME: PHONE NUMBER:		(Juniors to give parent details)

I wish to become a member of the Red Cliffs Golf Club Inc. In the event of my admission to the club, I agree to be bound by the rules, bylaws and regulations of the club for the term of my membership. I am aware that my personal details will be included on the Register of Members and I am aware that I can request that these details be restricted if requested. Information gathered on this form will be used to assist the RCGC to gather statistical information about our members for future planning and/or funding opportunities. I am aware that any sensitive information collected will be de-identified prior to disclosure. I consent to the collection and use of my personal images, results, awards and prizes received. I acknowledge these may be used by the RCGC for any promotion of our club. All information collected will be only be used and/or disclosed in accordance with the Privacy Act 1988

Signature of Applicant:	Date:
Have you been a member of a registered golf club previously?	Yes No
Do you wish Red Cliffs Golf Club to be your home club?	Yes No
Enter current/previous Golf Link number, or write NONE	

TICK	COST	CATEGORY	
	\$460	Full Member	
	\$330	Intermediate Member	18 – 30 years of age by September 30
	\$360	Senior Member	Full rights – over 75 years of age by September 30
	\$0 \$70	Junior member	12 and under – FREE 13-18 years of age (Applicable where parents are not current members)
	\$75	Student Member	18 – 25 and a full time student, trainee or apprentice
	\$285	Country Member	Must reside more than 80km from the clubhouse
	\$340	Social Playing Member	No competition rights but access to the course all year
	\$20	Social Member	Over 18, no competition rights and must pay green fees
	\$0	Tiger cub	Free membership for son or daughter (under 16 years of age) of a current financial member.
	\$240	Summer Member	Sept 1 – Feb 28

TICK	PAYMENT METHOD	
	Full payment	Due by December 1
	Quarterly Instalments	Instalment dates are Sept 30, Dec 31, March 31 and June 30.
	Payment Plan	Direct Debit only. Payment must be completed by June 30.

Proposed by: (proposer to enter his/her name)

As a member of the Red Cliffs Golf Club Inc. I nominate the applicant, who is personally known to me, for membership of the Red Cliffs Golf Club Inc.

Signed: Date:

Seconded by: (seconded to enter his/her name)

As a member of the Red Cliffs Golf Club Inc. I nominate the applicant, who is personally known to me, for membership of the Red Cliffs Golf Club Inc.

Signed: Date:

PAYMENT OPTIONS:

- Payment in person – cash, cheque or card
- Payment by post to PO Box 449, Red Cliffs 3496
- Direct Debit

Direct debit to Red Cliffs Golf Club
BSB 033-249
Acc No. 771629
Ref field – name or invoice no.

OFFICE USE ONLY:

APPLICATION HAS BEEN:	ACCEPTED	REJECTED
FEE PAID	\$	BAG TAG/WELCOME PACK ISSUED
DATE PAID		RECEIPT
PAYMENT METHOD		ENTERED INTO SYSTEM