



# BEXLEY GOLF CLUB

203 Stoney Creek Road, KINGSGROVE NSW 2208  
Phone: 02 9150 9062 Fax: 02 9150 5424 Email: ceo@bexleygolf.com.au



## APPLICATION FOR MEMBERSHIP

I wish to join the Bexley Golf Club Ltd and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Constitution of the Club.

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

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The **'date of birth'** is a requirement for all Members.

Membership Category .....

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) .....

First Name .....Middle Initial .....

Surname .....

Home Address .....

Suburb.....Postcode .....

Postal Address .....

Suburb.....Postcode .....

Telephone: Home .....Business .....

Fax .....Mobile .....

E-Mail .....

Occupation.....

Left/Right Handed .....Date of Birth...../...../.....

Previous/Current Golf Club .....Golflink Number.....

Do you wish to have Bexley Golf Club Ltd as your Home Club? Yes / No

Proposer's Name.....Signature .....

Secunder's Name.....Signature .....

### Emergency Family Contact Information:

Name (Print First and Surname) .....

Relationship (i.e. Wife, Son, Friend) .....

Phone Number (for emergency contact) .....

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### OFFICE USE ONLY

Deposit Paid  Application posted on Board  Posted to Slice

Receipt Number:.....Date of Meeting Approved: .....

Date Received: .....Date letter/account Sent:.....