

# MEMBERSHIP APPLICATION



<input type="checkbox"/> FULL	<input type="checkbox"/> 23-26 YEAR OLD	<input type="checkbox"/> FLEXI A - 40 GAME
<input type="checkbox"/> FAMILY	<input type="checkbox"/> 18-22 YEAR OLD	<input type="checkbox"/> FLEXI B - 30 GAME
<input type="checkbox"/> LOYALTY	<input type="checkbox"/> 14-17 YEAR OLD	<input type="checkbox"/> FLEXI C - 20 GAME
<input type="checkbox"/> COUNTRY	<input type="checkbox"/> UNDER 14 YEAR OLD* HANDICAP REQ Y/N	<input type="checkbox"/> COMMUNITY/SOCIAL

## PERSONAL INFORMATION

NAME

DATE OF BIRTH

ADDRESS

PHONE

EMAIL

OCCUPATION

SIGNATURE

## GOLFLINK HISTORY

ARE YOU A CURRENT OR RESIGNED MEMBER OF ANOTHER CLUB OR BUNINYONG GOLF CLUB?

Y/N

IF YES - DETAILS OF MOST CURRENT GOLFLINK NUMBER

WOULD YOU LIKE BUNINYONG GOLF CLUB TO BE YOUR HOME CLUB?

Y/N

IF NO - I HAVE NEVER HELD AN OFFICIAL AUSTRALIAN HANDICAP OR RECOGNIZED OVERSEAS EQUIVALENT - TICK

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Office Use Only	
Payment Amount	Receipt No/Date
Direct Debit Y/N	Email Input
Members Details Input	Board Approval Date
Card Given/Sent	Letter Sent
Golflink/Member No.	
Contacted - Notes	Scanned



03 4311 3805  
0493 232 817



[www.buninyong.golf](http://www.buninyong.golf)

613 Learmonth St, Buninyong



[admin@buninyong.golf](mailto:admin@buninyong.golf)

