

# MEMBERSHIP APPLICATION



FULL  
 FAMILY  
 LOYALTY  
 COUNTRY

23-26 YEAR OLD  
 18-22 YEAR OLD  
 14-17 YEAR OLD  
 UNDER 14 YEAR OLD\*  
HANDICAP REQ Y/N

FLEXI A - 40 GAME  
 FLEXI B - 30 GAME  
 FLEXI C - 20 GAME  
 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

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



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