

Golfers Club NSW/ACT (GCNSW/ACT) Social Group Membership Form

[Conditions Apply]



1st July 2010 to 30th June 2011

AMOUNT (inc. GST): \$100.00

TAX INVOICE: GCN11 / ABN: 48 001 642 628



"This document will be a tax invoice for GST purposes when payment has been made"

By signing this document, I am seeking a full GCNSW/ACT Membership for the Membership Year 2010 – 2011. I understand that through my membership of the Golfers Club NSW/ACT I authorize Golf NSW/GNSW to forward my personal details to GolfLink and my Social Group Co-ordinator in order for me to receive a Golf Link Card. GNSW may also publish my personal details (name/suburb/phone number) in a fixture list which is only accessible by other members of Golfers Club NSW/ACT.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>			
SOCIAL GROUP/CLUB NAME:			
FIRST NAME:		SURNAME:	
SIGNATURE:		DOB:	__ / __ / __
MAIL ADDRESS:			
SUBURB:		NSW POSTCODE:	
PHONE (HOME):		MOBILE:	
EMAIL:		SIGNATURE	
AUTHORISED SOCIAL GROUP COORDINATOR'S SIGNATURE:			
<p>a) New Member <input type="checkbox"/> or Renewal <input type="checkbox"/> (New members only complete b, c, d & e)</p> <p>b) Have you been a playing member of a Club (not GCNSW/ACT) in the last 12 months?* YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, which Club? _____</p> <p>c) Are you currently a member of a golf club (other than GCNSW/ACT)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, which Club? _____ If NO, last held membership Month _____ Year _____</p> <p>d) Have you held a golf Handicap? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what was your Handicap and GOLFLink No? _____</p> <p>e) Where did you find out about Golfers Club NSW/ACT? _____</p>			
* GCNSW/ACT observes a one (1) year moratorium if you have discontinued your membership from another Golf Club.			
PRIVACY STATEMENT: Your personal information is collected to enable us to provide the services you seek. Your details will not be provided to a third party outside the need to provide the services. The full statement may be viewed on our web site www.golfnsw.org			
PAYMENT DETAILS			
Cheque	Please make cheques payable to: Golf NSW		
Direct Deposit:	Bank Account:	BSB 082 080	Account # 50 911 4545
	I have deposited it directly into the GNSW Bank Account on: Date: / /		Internet Reference #: _____ (Please indicate Reference #)
Credit Card:	Please Circle: Visa MasterCard		
	Card #:	____ / ____ / ____ / ____	Expiry Date: __ / __
	Card Name: _____		
	Cardholder's Signature:		
Office Use Only:			
<input type="checkbox"/> Card 1 <input type="checkbox"/> Card 2 <input type="checkbox"/> Card 3 Handicap: _____ Date Issued: / / Notified: Y / N Clinic: Y / N			
Date: / /	Receipt #	SGC Notified: _____	Entered Database/Outlook
Date: / /	GL Notified/GL#: 20511 _____	Date: / /	Member Pack Post / Email MCard: _____ N / R

Please send this form with payment to:

Golf NSW, PO Box 195, Arncliffe, NSW 2205

(02) 9505 9105 | 9505 9199 | info@golfnsw.org