

GOLF MEMBERSHIP APPLICATION FORM 2025

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **PCODE:** _____

EMAIL: _____ **MOBILE:** _____

MEMBERSHIP TYPE (TICK ONE):

ORDINARY FULL	\$1090	YOUNG ADULT (<25YRS)	\$590
ORDINARY PART WEEK (MON - THUR)	\$760	YOUNG ADULT (<25YRS) (NO HCAP)	\$305
SOCIAL PLAYING	\$860	JUNIOR CADET W HCAP (15 - 17YRS)	\$265
COUPLE ORDINARY	\$2040	JUNIOR CADET W HCAP (11 - 14YRS)	\$195
COUPLE PART WEEK	\$1390	JUNIOR NO HCAP (<18YRS)	\$155

PAST MEMBERSHIP: *IF YOU ARE OR HAVE BEEN A MEMBER OF ANOTHER CLUB INDICATE THE FOLLOWING

PREVIOUS CLUB: _____ **MOST RECENT HCAP:** _____

GOLF LINK NUMBER: _____

PAYMENT OPTION:

UP FRONT PAYMENT

MONTHLY PAYMENT PLAN

HALF YEARLY PAYMENT PLAN

TERMS AND CONDITIONS:

BY SUBMITTING THIS MEMBERSHIP APPLICATION, YOU AGREE TO ABIDE BY THE RULES, REGULATIONS, AND CODE OF CONDUCT SET BY BEAUDESERT GOLF CLUB. MEMBERSHIP IS NON-TRANSFERABLE AND SUBJECT TO APPROVAL BY CLUB MANAGEMENT. FEES ARE PAYABLE ANNUALLY (OR AS OTHERWISE AGREED) AND ARE NON-REFUNDABLE, EXCEPT UNDER EXCEPTIONAL CIRCUMSTANCES AT THE DISCRETION OF THE CLUB. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD, AND ACCEPTED THESE TERMS AND CONDITIONS.

SIGNATURE: _____ **DATE:** _____

STAFF SIGNATURE: _____

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PAID

AMOUNT: \$

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NOT PAID

REASON:
