



**OFFICE USE ONLY**  
MEMBERSHIP NUMBER

## GOLF MEMBERSHIP APPLICATION

(PLEASE CIRCLE)

MR / MRS / MISS / MS / DR

DATE OF BIRTH:

GIVEN NAME:

SURNAME:

ADDRESS:

SUBURB:

STATE:

POSTCODE:

TELEPHONE: HOME / MOBILE

EMAIL ADDRESS:

**GOLF MEMBERSHIP OPTIONS:** (PLEASE CIRCLE)

All Windsor Golf Club memberships include Windsor RSL membership,

- FULL MEMBER
- SERVICE MEMBER – (current RSL Australia Member or current Active servicemen)
- INTERMEDIATE MEMBER - (18-25YRS)

Payment of applicable membership fee includes payment of the annual NSW Golf affiliation fee & payment of the annual Golf Australia fee only. Additional fees are payable if Members wish to join other affiliations or associations.

Have you held a valid Golf Australia handicap within the last 10 years?

Yes

No

PREVIOUS GOLF CLUB:

GOLF AUSTRALIA NUMBER:

HANDICAP:

HOME CLUB:

Do you wish to transfer your existing Golf Australia number to Windsor Golf Club?

Yes

No

### SPECIAL OFFERS, PROMOTIONS, UPDATES

- Would you like to receive information about special offers, promotions, golf updates?  Yes  No
- Would you like to receive information about gaming including offers and promotions?  Yes  No
- Have you ever been suspended, expelled or asked to resign from any club?  
If yes, please provide details of the Club and reason  Yes  No

### MEMBERS GOLF DIRECTORY

- Do you give permission for your information to be shared with other members via the directory on MiClub?  Yes  No

Have you ever served in the Armed Forces?

Yes

No

If yes, do you give Windsor RSL permission to provide your details to the Windsor & District Subbranch (separate entity)?

Yes

No



I hereby apply for membership of Windsor RSL Club Limited. I agree to be bound by the Club's constitution and any rules or by-laws of the Club, including supplying the Club with a current portrait photo for the Clubs records and for placement on my membership card. Should any of the particulars stated above change, I agree to notify the Club within seven (7) days in writing. If my membership card is lost or stolen, I will notify the Club immediately. I declare that the information provided on this form is correct at this time. I request that you enter my name on the Register of Members. Proof of age/verification may be called upon at any time at the discretion of Management.

- Subscription is payable with application.
- Membership is not transferable and the fee, or any part thereof, is not refundable.
- Golf membership fees are inclusive of external fees.
- A replacement membership card will incur a fee.
- Player activity statements are available upon request.
- You are aware of the consequences of entering premises where smoking is permitted
- Your membership remains provisional until approved by the Board of Directors.
- You agree to adhere to the directions of Club Management, including the responsible service of alcohol, dress regulations and you will portray responsible behavior and a sensible approach to gaming.
- You have read and understood the Privacy Statement below.

**PRIVACY STATEMENT**

*The Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form will be used to process your Membership Application. Failure to provide all the requested information may result in your application being rejected. You have a right to access and amend any of your personal information that the Club holds on record. The Club does not disclose your personal information to any other organization or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep personal information confidential and secure. Your personal information, including information about you obtained because of you placing your Membership card in gaming or other Club machines (not ATMs), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about our services, new promotions and upcoming events. Should you have any concerns regarding privacy issues, please contact the Club's Privacy Officer.*

**SIGNATURE:**

**DATE:**

<b>OFFICE USE ONLY:</b>		
<b>PROPOSED BY:</b>	<b>SECONDED BY:</b>	
SIGNATURE	SIGNATURE	SIGNATURE
MEMBERSHIP #	MEMBERSHIP #	MEMBERSHIP #
<b>IDENTIFICATION:</b> LICENCE / PASSPORT / PENSION CARD / OTHER PHOTO ID		
<b>ID NUMBER:</b>		
<b>PAYMENT:</b> (Please circle)		
PAID IN FULL – Receipt attached		
INSTALMENTS – Instalment payment authority form attached		
PAID WITH POINTS – Receipt attached		
<b>SIGHTED BY:</b>	<b>PRINT NAME</b>	<b>SIGNED</b>