



Merewether Golf Club

ABN 47 000 978 003

2024 Application for Summer Membership

Please fill in ALL fields

| | | |
|--|--|-------------------------|
| Title: | First Name: | Surname: |
| Address: | | |
| Phone: | Mobile: | Home: |
| Email: | | |
| Date of birth: | | Occupation: |
| Emergency Contact: | Name: | Phone: |
| | Relationship to you: | |
| Are you a member of another golf club in Australia? | Golf Club: | Golflink number: |
| | Do you wish to transfer your golflink number to Merewether GC (your handicap history will remain the same) Yes or No (default is Yes) | |

I, _____, wish to become a _____ member of Merewether Golf Club Ltd, and if accepted, request that you enter my name on the Register of Members accordingly. I agree to be bound by the MGC Constitution and By-Laws and observe golf rules and etiquette. I agree to pay all fees and subscriptions at Merewether Golf Club by their due date in order to maintain my membership. The imposition of restrictions beyond the club's discretion or control (e.g. pandemic leading to course closure, or other restrictions) are at member risk. After due process, as set out in the Club's Constitution (copy available at office and on website), failure to pay due fees and subscriptions will result in my membership being suspended and possibly terminated.

Signature: _____ Date: _____

Notes:

- All members are required to provide photographic ID.
- **The Registered Clubs Act requires us to keep records of your name, address, occupation, and signature.**
- Your email address will be added to the distribution list for club newsletters and other correspondence (including fee renewals). You can unsubscribe from the newsletter list if you wish.

Code:.....

Rates

| Membership Category | Playing rights & eligibility | Voting Rights | Membership Fees (6 months) |
|---|---|----------------------|-----------------------------------|
| Individual - Summer | Play golf 7 days a week unless otherwise determined by the Board. | No | \$750 |
| Couple - Summer | Play golf 7 days a week unless otherwise determined by the Board. | No | \$1400 |
| Family (2 x Adults & 2x Juniors) - Summer | Play golf 7 days a week unless otherwise determined by the Board. | No | \$1500 |

Payment methods

We accept Visa and MasterCard (1.5% credit card fee), cash, EFTPOS.

Direct deposit (BSB 637-000 Account 718195403), use your name and member number as a reference).

Card Number _____ **Expiry Date** _____ **CVV** _____

Name on card _____ **Amount** _____

Signature _____