THE MEREWETHER GOLF

Medical Membership Extension Application

Name: _____ Member No. _____

Address: _____

Contact Number: _____ Email: _____

DATES REQUIRED: Minimum 2 months - Maximum 6 months

I, _____ wish to apply for a medical membership extension. I understand that the application is subject to approval by Merewether Golf Club and must be supported by a medical certificate or letter from a treating doctor or specialist.

Extension requested: from _____ 20_____ through to _____ 20_____

Member Name _____ **Member No.** _____

Signature _____ **Date** _____

☐ I have attached a medical certificate or supporting letter confirming that I am unable to play golf and indicating the expected period of incapacity.

MEDICAL MEMBERSHIP EXTENSION CONDITIONS

Please read the attached terms and conditions before signing the acknowledgement below.

ACKNOWLEDGEMENT

I understand that an approved extension will be applied in accordance with the Club's membership arrangements and will not be provided as a cash refund.

I agree to be bound by the terms and conditions on page 2 of this document.

I understand that submitting this form does not guarantee approval and that the Club will confirm the outcome in writing.

40 King Street Adamstown NSW 2289
Phone 02 4963 1128 | Faxsimile 02 4963 6441 | Email mgc@merewethergolf.com.au
www.merewethergolf.com.au

ABN: 47000978003
ACN: 000978003

THE MEREWETHER GOLF

MEDICAL MEMBERSHIP EXTENSION

TERMS AND CONDITIONS

Eligibility

1. Medical membership extensions are available where a member is unable to play golf because of illness, injury, surgery or another medical condition.
2. Extensions are not available for holidays, travel, work commitments or other non-medical reasons.
3. Must have continuous golf membership for a minimum of three (3) years.

Application requirements

1. The completed application form must be submitted to the Club with a medical certificate or supporting letter from a treating doctor or specialist.
2. The supporting document only needs to confirm that the member is unable to play golf and the expected period of incapacity.
3. Applications should be submitted as soon as possible and will not be backdated.

Extension period

1. The minimum medical membership extension is two (2) consecutive months.
2. The maximum medical membership extension is six (6) consecutive months for each approved application.
3. Any request to change or extend the approved period must be made in writing and may require updated medical support. The total approved period cannot exceed six months unless the Club approves an exceptional circumstance.

Membership arrangements

1. A membership pro-rata credit will be applied to the following year's membership.
2. The credit will be based on the value of the current membership year, not the new rate of the next year.
3. No direct refund will occur.

Approval

1. All applications are subject to Board approval.

Member acknowledgement

Member Name _____ **Member No.** _____

Signature _____ **Date** _____

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