



APPLICATION FOR SOCIAL MEMBERSHIP

P (Club House): 3376 1468

P (Pro Shop): 3279 3073

Address: 62 Yallambee Road, Jindalee, Qld, 4074

Email: info@jindaleegolf.com.au

Web Site: www.jindaleegolf.com.au

1. Personal Details.

• Mr Mrs Ms Miss Master Other _____ (Please Circle)

• Surname _____

• Preferred name _____

• Address _____

• Post Code _____

• Date of Birth _____

• Phone _____

• Mobile _____

• Email _____

• Occupation _____

2. Membership Type – Please indicate the type of membership you are applying for. Photo I.D. must be produced when lodging this application.

• Social Member – 1 Year (\$10.00)

• Social Member – 3 Year (\$25.00)

3. Proof of ID Documents. ID must show name, current address and date of birth – i.e. driver's license or passport, The ID must be sighted, and photocopied by staff person accepting this form. – (Please Circle which is presented)

• Driver's License

• Passport

Payment Options:

Cash Payment: Cash payments can be made at the Jindalee Golf Clubhouse.

Credit Card Payment: All Credit Card payments need to be made at the Jindalee Golf Clubhouse.

Electronic Payment:

Account Name: *Jindalee Golf Club*

BSB: *124018*

Account: *10502640*

Reference: *First Name and Last Name*

Please Note - All new memberships require approval by the committee and are conditional on payment being received by Jindalee Golf Club. Your Membership card will then be available for collection at the Club House.

I acknowledge that the information I have provided in the application is true and correct. If my application is successful I undertake to abide by the Members Code of Conduct, Constitution, Rules and by laws of the Jindalee Golf Club. I acknowledge that the club is not bound to give me a reason in the case of my application being rejected.

Signature _____ Date ____ / ____ / ____

Privacy Disclaimer – The above personal information that you have provided will be used solely by the Jindalee Golf Club (inc) for the purpose of registering this application and if your application should be approved for maintain your membership, handicapping information and keeping you informed of club events and activities. The club will not pass on, disclose or represent to any third party the information on this application unless required by law.

Please scan and email this form back to info@jindaleegolf.com.au or return it to Jindalee Golf Club House. If you have any questions please contact Mike Leontjew (Manager) on 07 3376 1468



For Office Use only:

Payment Received by Jindalee Golf Club: Yes / No (Please Circle)

Receipt provided to the applicant: Yes / No (Please Circle)

Jindalee Golf Club Staff person accepting this application and sighting the ID must Sign below.

Name _____ (I have Sighted ID Documents)

Signed _____