



# APPLICATION FOR FULL PLAYING MEMBERSHIP

Mr/Miss/Ms/Mrs

do hereby apply to be a member of The Bay Islands Golf Club Inc.

Residential Address

Postcode

Postal Address (If different than above)

Postcode

Occupation

Phone

Date of Birth

Email

## PLEASE ENTER GOLF LINK NUMBER AND YOUR OLD CLUB IF TRANSFERRING

Home Club

Golf Link No.

Current?recent playing handicap

Have you ever had an application for Membership refused by another Club?  Yes  No

I agree to be bound by the constitution at the club and to abide by all rules of The Bay Islands Golf Club Inc. I acknowledge that the Management Committee, at its sole discretion, under the Club's Rules may refuse, suspend or terminate my membership if necessary.

Signature of Applicant

Date

Type of Membership applied for: (tick one). Fees must accompany Membership Application.

Full Member

Country Member \$50

01 April to 31 March = \$250.00

01 July = \$187.50

01 Oct = \$125.00

Junior Member \$27.50 Date of Birth

01 Jan = \$ 62.50

\* Pro Rata fees apply.

Proposed by

Signature

Membership No.

Seconded by

Signature

Membership No.

## OFFICE USE:

Membership No.

Entered in Membership Register

Date Member advised