



## SOCIAL MEMBERSHIP- APPLICATION FORM

Mr/Miss/Ms/Mrs \_\_\_\_\_

Do hereby apply to be a member of the Bay Islands Golf Club

Residential Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if Different than above) \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email: \_\_\_\_\_

Birthday \_\_\_\_\_

**The Bay Islands Golf Club prefers to distribute its notices, and newsletters by email. If you have an operating email address, please clearly print your email address.**

Applying for a SOCIAL MEMBERSHIP (tick one) Fees Must Accompany Membership Application

3 YEARS (\$12)

1 YEAR **VALID TO YEAR ENDING 31<sup>ST</sup> MARCH.**

CHANGING DETAILS

REQUESTING REPLACEMENT OF LOST CARD

### We need volunteers to help with the following.

#### I will help with

If you can help, PLEASE TICK ANY BOX BELOW SO THAT WE CAN INCLUDE YOU ON A ROSTER SYSTEM.

ENTERTAINMENT

GARDEN MAINTENANCE

BUS DRIVING

BAR PERSON

ENTERTAINMENT SUB COMMITTEE

DOOR ASSISTANT FRIDAY NIGHTS

COURSE MAINTENANCE

CLUB MAINTENANCE

I agree to be bound by the constitution and by-laws at the club and 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 \_\_\_\_\_

Office Use: Membership No. \_\_\_\_\_ Entered in Membership Register \_\_\_\_\_