## **APPLICATION FOR MEMBERSHIP**

To the Committee BATHURST GOLF CLUB LIMITED		Date/		
I(Print full name please)	Mrs Mr			
(Fillit full flame please)	M's			
of	Miss			•••••••
01	WIISS			
	Post code			•••••
(Full residential address)				
desire to become a				
Profession or Occupation Employer Employer				
Other Golf Clubs (if any)	Handicap (	( ) D	ate of Bir	th / /
Signature of Applicant				
We believe the above candidate to be a suitable person to be elected a member of the Bathurst Golf Club Limited.				
Signature of Proposer			Bad	ge No ( )
Signature of Seconder			Вас	lge No ( )
Concession Playing members must be in receipt of a full pension or full disability pension to be eligible for this category and must provide the appropriate supportive documentation.				
Privacy Statement: The Bathurst Golf Club is subject to the provisions of the <i>Privacy Act 1988</i> . The personal information provided by you on this application will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you.				
The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. (ie. Golf Link). These contracts require the third party to keep your personal information confidential and secure.				
Your personal information may be used by the Club for marketing purposes to improve our services and provide you with the latest information about these services and any new related services and promotions. Do you wish to receive marketing material and information about our promotions and services?				
YES/NO Signature  Paid Nomination fee : Subscripti	on :	Total	:	Receipt #