

# SUMMER MEMBERSHIP REGISTRATION FORM



## PERSONAL INFORMATION

Full Name :

Mr/Mrs/Miss/Ms :  Date Of Birth :        
D D M M Y Y

Address :

City :  State :  Postcode :

Phone :

E-Mail :

## CURRENT MEMBER ENDORSEMENT

The above candidate is personally known to us, and we believe him/her to be a suitable person to be elected a member of the Bathurst Golf Club Limited.

Name :  Member No. :

Name :  Member No. :

I desire to become a full paying member of the Bathurst Golf Club Limited and request you to enter my name on the register of members accordingly and I agree to be bound by the articles and rules of by-laws made thereunder.

Applicants Name : \_\_\_\_\_

Applicants Signature : \_\_\_\_\_

Date: \_\_\_\_\_ MEMBERSHIP AMOUNT: \$440.00

Please fill in this form and return to Bathurst Golf Club to process and make payment.

Bathurst Golf Club  
136 Vittoria Street  
Ph: (02) 6331 4144  
info@bathurstgolf.com.au

Full paying Membership is from October 2023 to March 2024.

THANK YOU FOR JOINING BATHURST  
GOLF CLUB