



BRISBANE RIVER GOLF CLUB MEMBERSHIP APPLICATION

PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Mstr Other:

First Name(s): _____ Surname: _____

Date of Birth: _____

Home Address: _____

Postal Address: _____

Mobile: _____ Home Telephone: _____

Email: _____

Occupation: _____ Employer: _____

MEMBERSHIP CLASSIFICATION

- Full 7 Day Midweek 5 Day Lifestyle Points Student 18-24 years
 Junior Social Clubhouse Couples (1 application per player required)

GOLF ID DETAILS

Do you have an existing Golf ID? Yes No

If yes, please provide _____

Are you a returning member of Brisbane River Golf Club? Yes No

Are you a member of another club? Yes No

If yes, please provide _____

Do you wish to make Brisbane River Golf Club your Home Club? Yes No

EMERGENCY CONTACT DETAILS

Full Name: _____

Relationship: _____ Phone Number: _____

DECLARATION

I acknowledge I have read and understood the Policies and Rules of Brisbane River Golf Club and the Terms and Conditions of Membership at Brisbane River Golf Club and agree to be bound by such Policies, Rules and Terms and Conditions of Membership of the Brisbane River Golf Club at all times. I authorise Brisbane River Golf Club to obtain personal information about me from Golf Australia and any other club of which I am or have been a part of. I consent to Brisbane River Golf Club collecting, storing and using my personal information in accordance with its Privacy Policy.

Signature of Candidate _____

Date: _____