



APPLICATION FOR JUNIOR MEMBERSHIP

Beverley Park Golf Club Limited ABN: 60 000 051 383

87a Jubilee Ave, Beverley Park NSW 2217.

Ph: 02 9587 3424, Fax: 02 9553 8977, www.bpgc.com.au



Junior Golf Member/Applicant

First Name: _____ Last Name : _____

Residential Address: _____ Suburb _____

State _____ Post Code _____

E-mail Address: _____ School _____

Mobile #: _____ Home #: _____

Date of Birth: _____ Gender _____

Are you or have you ever been, a financial member of another Golf Club? Yes / No (*circle one*)

If Yes, Club: _____ Hcp: _____ Golflink #: _____

Would you like Beverley Park to be your HOME club for handicap purposes? Yes / No (*circle one*)

I confirm the above information provided by me is true and correct. I expressly acknowledge and accept that if elected, my membership and handicap is subject to the Clubs terms, conditions and rules as detailed in the Clubs Constitution and By-Laws and I consent to my name and a contact phone number being published in the Clubs Information Guide.

Signature: _____ Date: _____

(If under 18 years of age – form to be signed by parent/guardian)

Medical History

Is the Junior Golf Member on any medication? Yes / No (*circle one*)

If yes, please state name and dosage: _____

Does the Junior Member suffer from any of the following: Fits / Dizzy Spells / Travel sickness / Asthma / Heart Condition / Migraines / Penicillin (Please Circle?)

Does the Junior Member have any Allergies? Yes / No (*circle one*) If Yes please detail _____

Parent / Guardian (Must be FILLED OUT)

First Name: _____ Last Name: _____

Residential Address: _____ Suburb _____

State _____ Post Code _____ E-mail Address: _____

Mobile #: _____ Home /Work #: _____

CONSENT

1. I give my consent to Beverley Park Golf Club Limited using my child's name and image (including photography) in any form or medium for general marketing and promotional activities.
2. I understand that the personal information collected on this form is used for the purpose of processing my request for participation in the junior program. Beverley Park Golf Club may also use this information to send you golf related information or offers in conjunction with Jack Newton Junior Golf or similar.
3. I hereby authorise Beverley Park Golf Club Limited or its nominated representative to make such arrangements as deemed necessary by the attending medial practitioner in the event of emergency medical treatment being necessary in respect to my child.

Parent/Guardian Name _____ Signature _____ Date: _____

PROPOSER: I, _____ *(Print Name & Membership #)* am a financial member of the Beverley Park Golf Club and wish to propose the applicant to membership. S/he is known to me and I consider that s/he is an eligible applicant in every way.

Signature of Proposer: _____

SECONDER: I, _____ *(Print Name & Membership #)* am a financial member of the Beverley Park Golf Club, and wish to second the proposal of the above applicant to membership. S/he is known to me and I consider that s/he is an eligible applicant in every way.

Signature of Seconder _____

OFFICE USE ONLY

Receipt No#: _____

Card issued: ___ ___ / ___ ___ / _____

Notice Board: ___ ___ / ___ ___ / _____

Pack issued: ___ ___ / ___ ___ / _____