



NEW GOLF MEMBERSHIP APPLICATION 2020/21 – at 1 October 2020

Mr / Mrs / Ms / Miss

Magpies M/Ship No. _____ First Name _____ Surname _____

Address _____

Postcode _____ Email _____

Phone (H) _____ (M) _____ Date Of Birth _____

Please Select a Category Below:

CATEGORY	Annual to 31/3/21	Fortnightly Direct Debit	Pensioner to 31/3/21	Fortnightly Direct Debit
Full Adult (7 days)	\$695	\$48.50	\$658	\$46.00
6 Day Adult (Sun-Fri)	\$597	\$42.50	\$564	\$40.50
Weekday 18 Hole (Mon-Fri)	\$503	\$36.50	\$475	\$34.50
Weekday 9 Hole (Mon-Fri)	\$396	\$29.50	\$372	\$27.50
Student 18 - 22 Years	\$256			
Junior Under 18 Years (7 Days)	\$109			

Junior/Age Pensioners I.D. _____

TOTAL PAID \$ _____

NO REFUNDS WILL BE GIVEN

DIRECT DEBIT FEE - \$4.50 per fortnight. Please complete the reverse side to use the Direct Debit facility.
Credit card is NOT available for Direct debit

Method of Payment (tick one)

Cash EFTPOS Cheque Credit Card Direct Debit

Credit Card Details (circle one) MasterCard Visa Expiry date: ____ / ____

Card holder's name _____ Card Holder's Signature _____

Card Number _____ CCV number _____

*Do you have a Golfink membership? Yes/No Membership No: _____

*If you are applying for golf membership and are a member of a Golf/Country Club, please indicate the name of the club:
Club _____

*Do you wish Magpies Belconnen Golf Club to be your Home Club for handicapping purposes? Yes / No

*Current Handicap: ____ (evidence attached) Previous Handicap: ____ Date ____ / ____ / ____

I agree to be bound by the Objects of Association and By-Laws of the Club.

Golf members subject to \$4 Course Improvement Fund (CIF) for 9 holes, and \$6 for 18 holes. Comp Fee of \$15 includes CIF.

Please submit completed form to contact@belconnenmagpies.com.au or pay at the Pro Shop 7am-5pm

Signature _____

Magpies Belconnen Golf Club

Stockdill Drive Holt

Ph: Brindabella: 6254 2922 Pro Shop: 6133 9606

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay BELCONNEN MAGPIES SPORTS CLUB

Request and Authority to debit	Surname or company name: _____ Given names or ACN /ARBN: _____ I authorise Belconnen Magpies Sports Club (Debit user Identification Number 181729) to arrange for my Golf Membership to be debited through the Bulk Electronic Clearing System from the nominated account below subject to the terms and conditions of the Direct Debit Request Service agreement (and any other further instructions provided below).
Insert the name and address of financial institution at which account is held	Financial Institution Name: _____ Address: _____ _____
Insert details of account to be debited (Only savings or Cheque accounts)	Name of account: (e.g. M Smith) _____ BSB Number: _____ Account Number: _____
Acknowledgement	By signing this direct debit request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Belconnen Magpies Sports club, as set out in this direct debit request and Direct Debit Request Service Agreement. To cancel direct debit, it must be put in writing with 28 days notice. Please note administrative fee \$4.50 per f/n and \$20 charged for direct debit arrangements falling into arrears for a period of 1 month or more.
Payment details	Direct debits will be made fortnightly, Direct debit memberships will roll over at the new fee schedule each membership year unless cancelled in writing.
By signing and inserting your address you are agreeing to a minimum contract to 31/3/21	Signature: _____ Address: _____ Date: ____/____/____