GOLF MEMBERSHIP 2022/2023



Membership from 1 December 2022 to 31 March 2023

Mr / Mrs / Ms / Miss First Name Surname						
Magpies N	//Ship No Address					
Postcode _	Email					
Phone (H) (M) Date of Birth						
Please circ	cle a Category Below:					
	CATEGORY	Annual to 31/3/23	Fortnightly Direct Debit	Pensioner to 31/3/23	Fortnightly Direct Debit	
	Full Adult (7 days)	\$443	\$56.00	\$419	\$53.00	1
	6 Day Adult (Sun-Fri)	\$381	\$49.00	\$357	\$46.00]
	Weekday 18 Hole (Mon-Fri)	\$319	\$41.50	\$299	\$39.00	
	Weekday 9 Hole (Mon-Fri)	\$251	\$34.00	\$233	\$31.50	
	Student 18 - 22 Years	\$151				_
	Junior Under 18 Years (7 Days)	\$65				_
\$15	Fee for bounced direct debit payment, o	O REFUNDS WIL		ard is NOT avai	lable for Direct d	lebit
Method of	f Payment (tick one) Cash	EFTPOS C	heque Cre	edit 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 Golflink membership? Yes / No Membership No:						
*If applying for golf membership and are a member of a Golf/Country Club, please advise name of club:						
*Do you w	rish Magpies Belconnen Golf Club to be y	our Home Club f	or handicapping	purposes? Y	es / No	
I agree to	be bound by the rules of the Club.					
Golf m	embers in social rounds are subject to \$4 (Being reviewed by Magpies Belconn					8 holes.
Competition	on Fee of \$15 includes Course Utilisation,	/Course Improve	ement Fund.			
Please submit completed form to contact@belconnenmagpies.com.au or pay at the Pro Shop 7am-5pm						
Signature						

Magpies Belconnen Golf Club

140 Britten-Jones Drive Holt

Ph: Pro Shop: 6133 9606 Brindabella: 6254 2922

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay **BELCONNEN MAGPIES SPORTS CLUB** Surname or company name: Given names or ACN /ARBN: Request and Authority to I authorise Belconnen Magpies Sports Club (Debit user Identification Number 181729) to arrange for my Golf Membership to be debited through the Bulk debit 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). Financial Institution Name: Insert the name and address Address: ____ of financial institution at which account is held Name of account: (e.g. Ms B Smith) Insert details of account to be debited (Only savings or BSB Number: **Cheque accounts)** Account Number: _ 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. Acknowledgement To cancel direct debit, it must be put in writing with 28 days notice. Please note administrative fee included in membership renewal rates and \$15 charged for bounced direct debit payments. Direct debits will be made fortnightly, Direct debit memberships will roll over at **Payment details** the new fee schedule each membership year unless cancelled in writing. Signature: Address: _____ By signing and inserting your address you are agreeing to a minimum contract to 31/3/23