



BANNOCKBURN GOLF CLUB

Application for Membership 2025

| | | | |
|--|----------|------------------------------|-----------------------------|
| Name | | Date | |
| Address | | | |
| Phone | | Mobile | |
| Email | | | |
| Occupation | | Date of Birth | |
| Are you a member of another club | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Club | Handicap | Golf Link No. | |
| Will Bannockburn Golf Club be your home club | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> I am aware of the fact that this club's low fee structure is because of our reliance on volunteers to do most of the maintenance and upkeep works on this course | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> I am willing to assist from time to time when a working-bee is called | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> Medical information: I have a medical condition that the Medical Officer needs to be informed of | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> Despite my medical condition there is no reason why I am not able to safely play the course and/or participate in club events | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> Are you or have you ever been on golflink for this Golf Club or another Club | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <ul style="list-style-type: none"> If yes, please provide your Golf Link No. | | | |

I hereby make application for membership of the Bannockburn Golf Club

| | |
|------------------|-----------|
| Name | Signature |
| NOMINATOR | |
| Name | Signature |

FEE STRUCTURE (Note: No nomination fees are required. Total includes all affiliation fees)

| | | |
|--|-------|--------------------------|
| ADULT: 7 day membership | \$550 | <input type="checkbox"/> |
| 6 MONTH MEMBERSHIP April to September | \$250 | <input type="checkbox"/> |
| 6 MONTH MEMBERSHIP October to March | \$300 | <input type="checkbox"/> |
| COUNTRY MEMBERSHIP (Residing 100 km from our club) | \$200 | <input type="checkbox"/> |
| INTERMEDIATE (18 to 21 up to 25 if student/apprentice) | \$250 | <input type="checkbox"/> |
| JUNIOR Under 18 with Handicap | \$200 | <input type="checkbox"/> |
| JUNIOR (15-17 No Handicap) | \$100 | <input type="checkbox"/> |
| JUNIOR (Under 15 No Handicap) | \$50 | <input type="checkbox"/> |
| SOCIAL MEMBER Non golfing (Full fee, no nomination) | \$30 | <input type="checkbox"/> |

RECEIPT OF NOMINATION

| | | |
|---|-----------|------|
| Bannockburn Golf Club Secretary | Signature | Date |
| <i>This club is a member of the Good Sports Clubs' program with Non-Smoking, Responsible Serving of Alcohol and Sun Smart and Hot Weather policies are in place. We are a welcoming and inclusive club and ensure that every effort is made to provide a safe playing environment</i> | | |