



# Membership Application Form

To the Committee

Surname \_\_\_\_\_ Title \_\_\_\_\_

Given name(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mobile \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Occupation \_\_\_\_\_

as a \_\_\_\_\_ Member of The Brisbane Golf Club Inc.

Do you hold an existing Golf Link number? Yes ☐ No ☐ Golf Link No. \_\_\_\_\_

Do you wish to make The Brisbane Golf Club Inc. your home Club? Yes ☐ No ☐

Do you agree to having your contact details published in the  
Member Diary / Website or otherwise disclosed to other members? Yes ☐ No ☐

If elected, I hereby agree to become a member of The Brisbane Golf Club Inc. I agree that I have read and understood and are to be bound by the Constitution and Rules thereof. A copy of this document is available online via the website at [www.brisbanegolfclub.com.au/brochure-library/](http://www.brisbanegolfclub.com.au/brochure-library/).

I also acknowledge that I have read and understand The Brisbane Golf Club Inc. Privacy Policy.

Signature of Candidate \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Please Print Name*

The Brisbane Golf Club  
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[www.brisbanegolfclub.com.au](http://www.brisbanegolfclub.com.au)

