



# MOUNT OSMOND MEMBERSHIP APPLICATION FORM

*Not just a golf club*

Class of Membership (please circle)      7 day      6 day      5 day      Transitional      Try Golf      Under 30  
Junior      Country      Social      Driving Range      Back to the Mount

First Name

Surname

Preferred Name

Date of Birth \_\_\_/\_\_\_/\_\_\_

Postal Address

Post Code

Residential (if different to above)

Post Code

Email Address:  
Contact Phone Numbers

Work

Home

Mobile

Emergency Contact

Name

Contact Number

Your Occupation (Optional)

Business / Company name (Optional)

Would you like to be included in our Business Directory - promoting your business to our members?

Yes       No

How did you hear about Mount Osmond?

Friend       Social Media

Family Member       Press Advert

Website / Email       Attended a function

Email Address

**PLEASE TURN OVER**



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**Membership History**  
Any golf or sporting clubs

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**Current or previous GolfLink number if applicable**

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**Do you wish to transfer your handicap to Mount Osmond?**

Yes  No

Mount Osmond Golf Club Inc Privacy Policy  
The club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding the personal information provided by its members, visitors and staff.

We will not disclose your personal information unless there is a threat to life, health or safety. The Club may, with your permissions, use your personal information for marketing purposes.

You have the right to access the personal information we hold about you.

Do you consent to having your telephone number and other relevant details published in the annual club Handbook?

Yes  No

Do you consent to having your telephone number and other relevant details published in the Club's Members Directory on our member only webpage?

Yes  No

\_\_\_\_\_  
Proposer

\_\_\_\_\_  
Secunder

\_\_\_\_\_  
Proposer's Signature

\_\_\_\_\_  
Secunder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Mount Osmond Golf Club  
60 Mount Osmond Road  
Mount Osmond  
5064.

Membership Officer  
Sandra Flashman  
membership@mogc.com.au  
(08) 8379 1673

If elected, I hereby agree to become a member of the Mount Osmond Golf Club Incorporated and agree to be bound by the constitution and rules there-of  
I also acknowledge that I have read and understand the Mount Osmond Golf Club Inc. Privacy Policy.

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Signature of Applicant

Date \_\_\_\_\_