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 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 permission, use your personal information for marketing purposes.

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

Do you consent to h number(s) and/or o published in the an	having your telephone ther relevant details nnual Club Handbook?			
Yes	No			
Do you consent to having your telephone number(s) and/or other relevant details available in the Club's Members Directory on our member only webpage?				
Yes	No			
If elected, I hereby agree to become a member of the Mt Osmond Golf Club Incorporated and agree to be bound by the Constitution and Rules there- of.				
I also acknowledge th understand the Mt Os Privacy Policy.	hat I have read and smond Golf Club Inc.			
Signature of Applica	nt			

Date



Adelaide's most welcoming golf club where good golf comes natural

Mount Osmond Golf Club 60 Mt Osmond Road Mt Osmond SA 5064 P 08 8379 1673 F 08 8379 0434

E membership@mogc.com.au www.mogc.com.au

Proshop 08 8379 1674

Membership Application Form

Mount Osmond Golf Club

Class of Membership (tick)		
Seven Day	Under 30 years	
Six Day	Junior	
Five Day	Country	
Transitional	Driving Range	
Try Golf	Social	



www.mogc.com.au

Surname		Membership History
	Emergency Contact	Details of past or present memberships of any golf or sporting clubs
Title	Name	or sporting class
Given Name(s)	Emergency Contact Phone number	
		Have you ever had or currently have a Golflink number?
Preferred Name Occupation (optional)		Yes No
Business / Company (optional)		Current or previous Golflink number
Date of Birth		
Contact Addresses Postal P/C	Are you interested in promoting your business to the members and guests of the Mt Osmond GC? Yes No How did you hear about Mount Osmond GC?	Do you wish to transfer your handicap to Mt Osmond? Yes No Proposer Proposer's Signature
Residential () as above	A friend A family member	
P/C	Press Advert Website/email	Date
E-Mail	Other Social Media	Seconder's Signature
Contact Phone Numbers	If other please indicate	Seconder's Signature
Work		
Home		
Mobile		Date