



- MOUNT OSMOND GOLF CLUB - MEMBERSHIP

MEMBERSHIP TYPE 7 DAY 6 DAY 5 DAY UNDER 30 TRANSITIONAL TRY GOLF JUNIOR
(PLEASE CIRCLE) 9 HOLE COUNTRY SOCIAL DRIVING RANGE DUAL SUMMER

CONTACT DETAILS

FIRST NAME

SURNAME

PREFERRED NAME

DATE OF BIRTH

POSTAL ADDRESS

POSTCODE

RESIDENTIAL (IF DIFFERENT TO ABOVE)

POSTCODE

PHONE (WORK)

PHONE (HOME)

MOBILE

EMAIL ADDRESS

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

MEMBERSHIP HISTORY - GOLF OR SPORTING CLUBS?



- MOUNT OSMOND GOLF CLUB - MEMBERSHIP

GOLFLINK

CURRENT OR PREVIOUS GOLFLINK NUMBER
(IF APPLICABLE)

DO YOU WISH TO TRANSFER YOUR HANDICAP TO
MOUNT OSMOND?

YES NO

MEMBERSHIP REFERRAL

REFERRER'S NAME (IF APPLICABLE)

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.

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 HANDBOOK?

YES NO

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.

DO YOU CONSENT TO HAVING YOUR TELEPHONE
NUMBER AND OTHER RELEVANT DETAILS PUBLISHED
IN THE CLUB'S MEMBER'S DIRECTORY ON OUR
MEMBER ONLY WEBPAGE?

YES NO

MEMBERSHIP APPLICATION

IF ELECTED, I HEREBY AGREE TO BECOME A
MEMBER OF THE MOUNT OSMOND GOLF CLUB INC
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.

APPLICANT'S SIGNATURE

DATE

PAYMENT DETAILS

CARD TYPE: VISA MASTERCARD

CARD HOLDER: _____

CARD NUMBER: _____

CARD EXPIRY: ____ / ____

RETURN TO:
MOUNT OSMOND GOLF CLUB
60 MOUNT OSMOND ROAD, MOUNT OSMOND SA 5064
INFO@MOGC.COM.AU