

South Lakes Golf Club

Membership Application Form



Membership Category

☐ Junior ☐ Young Adult (18-25) ☐ Young Adult (26-35)

Title: _____ Given Names: _____ Surname: _____

Preferred Name: _____ Date of Birth: _____

Phone Number: _____ Mobile Number: _____

Email: _____

Home Address: _____ Postcode: _____

Mailing Address: _____ Postcode: _____

How did you hear about South Lakes? _____

Are you a member at another Club? ☐ Yes ☐ No Club Name: _____

Golfink Number: _____ GA Handicap: _____

Make South Lakes your home club? ☐ Yes ☐ No

SOUTH LAKES GOLF CLUB INC PRIVACY POLICY

The South Lakes Golf Club Inc. is subject to the provisions of the Privacy Act (Cmwltth) 1998 and has a commitment to privacy and the safeguarding of member, visitor and staff personal information. Any personal information provided by you to the Club will be protected. The Club does not disclose your personal information unless there is a legal requirement to do so or for your personal safety or health. The Club may disclose personal information to relevant authorities in order to provide services to the Club such as the Golfink handicapping system under Golf Australia which has guaranteed that personal information will not be disclosed to any third party.

AGREEMENT

Do you agree to having your personal contact details published on the Club's online Member Directory which is accessible only by other Members and employees of the Club.

☐ Yes ☐ No

CONSTITUTION, BYLAWS AND CODE OF CONDUCT

As a Member I agree to be bound by the Constitution and Bylaws including the General Code of Conduct (www.southlakesgolf.com.au)

I acknowledge that I have read and understood the General Code of Conduct and the Club's Privacy Policy

☐ Yes ☐ No

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____