

South Lakes Golf Club



Membership Application Form

Social Membership

Title: Given Names: Surname:

Preferred Name: Date of Birth:

Phone Number: Mobile Number:

Email:

Home Address: Postcode:

Mailing Address: Postcode:

Emergency Contact: Name:

Phone Number: Mobile Number:

How did you hear about South Lakes?

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:

