

St. Michael's Membership



Introducing St. Michael's Membership

Thank you for downloading the membership application form.

We invite you to submit a completed application form and move one step closer to being a valued member of St. Michael's Golf Club.

Please see the following pages and fill in the required fields. If you do not have a "Proposer" to nominate you as a member, we invite you to join Murray Watts for a brief interview.

An excellent opportunity to join one of Sydney's best and continually emerging golf clubs.

Thank You!

Murray Watts
(General Manager)

PHONE: 9311 0068 ext 1 OR EMAIL: gm@stmichaelsgolf.com.au

NOMINATION OF A NEW MEMBER

The requirement is that you are to be proposed and seconded by existing members of the Club. A character reference of the nominee is desired. If you do not have a "Proposer" to nominate you, we invite you to join Murray Watts for a brief interview, to explain why St. Michael's is the right choice for you!

I PROPOSE AS AMEMBER OF ST. MICHAEL'S GOLF CLUB

TITLE:.....SURNAME:.....FIRST NAME:.....

DATE OF BIRTH.....

ADDRESS.....

SUBURB:.....POSTCODE:.....

PHONE (H):.....PHONE (W):.....

MOBILE PHONE:.....EMAIL ADDRESS:.....

OCCUPATION:.....COMPANY NAME.....

IF STUDENT – ENROLLED AT:.....YEAR:.....

NAMES OF ANY MEMBERS OF ST. MICHAEL'S GOLF CLUB, OR ANY OTHER GOLF CLUB WITH WHOM
THE CANDIDATE IS PERSONALLY ACQUAINTED.....
.....

I, consent to this application for membership and agree to pay a \$500 nomination fee when lodging this form. Should I not proceed with the membership when offered to me, or for any other reason, this nomination fee is refundable. If elected a member, I agree to be bound by the Constitution of St. Michael's Golf Club, and request you to enter my name and details on the Register of members accordingly. (Please refer to the reverse of this form for our Privacy Policy.)

.....
Signature

.....
Date

.....
Signature of Proposer

.....
Name of Proposer (PLEASE PRINT)

.....
Signature of Seconder

.....
Name of Seconder (PLEASE PRINT)

HOW LONG HAVE YOU BEEN KNOWN TO: PROPOSER..... SECUNDER:.....

GOLFING HISTORY

NAMES OF OTHER CLUBS WHERE YOU ARE A MEMBER:.....

CURRENT HANDICAP:..... CLUB AT WHICH HANDICAP IS HELD:.....

WHAT IS YOUR CURRENT GOLFLINK NO:.....

IF APPROVED, WOULD YOU LIKE ST. MICHAEL'S TO BE YOUR HOME CLUB?.....

Privacy Policy

St. Michael's Golf Club Ltd is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members, Visitors and Staff. The Club has a commitment to privacy and the safeguarding of member, visitor, and staff personal information.

We will not disclose your personal information to any other organization or person unless there is a legal requirement to do so. The club may disclose personal information to relevant authorities if it reasonably believes that there is a threat to an individual's life, health or safety, or public health or safety. If the Club has reason to suspect that unlawful activity has been, is being or may be engaged in, personal information may be used or disclosed as a necessary part of any investigation and reporting to relevant persons or authorities.

Your personal information may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services, any related services and promotions.

The Club may disclose your information to third parties that provide services under contracts to the Club. These contracts require the third party to keep your personal information confidential and secure.

If you do not wish to receive information about services and promotions, the Club, on request, will remove your name from mailing lists.

You have the right to access any personal information that the Club may hold about you, including the right of correction of your information. The Club will generally not charge a fee for you to access your personal information.

If you require any further information, please contact our offices on 02 9311 0068.

Office use only:

Approved	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date:	<input type="text"/>	Signed:	<input type="text"/>
Member No.	<input type="text"/>	Entered into PowerGolf	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nomination Fee Received on	<input type="text"/>	By:	<input type="text"/>	Cheque <input type="checkbox"/>	Visa <input type="checkbox"/>	M/Card <input type="checkbox"/>
				Ame <input type="checkbox"/>	Other <input type="checkbox"/>	