

Call
03 5156 6252
For more info

**TEAM
GOLF**
is
coming..

Affordable Membership

**New categories to suit your
lifestyle**

Pay in monthly instalments

One round of 18 holes at Bairnsdale Golf Club costs \$37 (adult). For a similar price, you could play as much as you like within one of the listed membership categories.

Full Membership (Age 15-18)

\$11 Per Month or \$127.50
up-front

Full Membership (Age 19-39)

\$35 to \$42 Per Month
\$408 to \$499

3 Days Per Week (Mond/Tues/Frid)

\$42 Per Month or \$495 up
front. All age groups

Outside of competition time (7 days)

\$38 Per Month or \$445 up
front. All age groups

More Information

Bairnsdale Golf & Bowls Club
1090 Paynesville Rd, Eagle Point, Vic
www.bairnsdalegolf.com.au



Full Membership:

Entitles the member to seven day access to the golf course, all relevant competitions (*bookings required*), the clubhouse and its amenities. Includes an official Australian handicap, insurances, affiliations and voting rights. Age based discounts apply

Age 15-18

\$11 Per Month or
\$127.50 up-front

Age 19-29

\$35 Per Month or
\$408 up-front

Age 30-39

\$42 Per Month or
\$499 up-front

Outside of competition time Membership:

Play 7 day's a week, however it must be outside of club competition times. Typically this means restrictions apply on Wednesday, Morning, Thursday until 3pm, Saturday until 3pm and Sundays after mid morning. This category does not include an official Australian handicap but does include insurances, affiliations. There are no age based discounts for this category.

\$38 Per Month or
\$445 up-front

3 day's per week Membership:

Play anytime Monday, Tuesday or Friday including competition time. Includes an official Australian handicap, insurances, affiliations and voting rights. Guest green fee rates apply on Wednesday, Thursday, Saturday & Sundays. There are no age based discounts for this category.

\$42 Per Month or
\$495 up-front

**TEAM
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Affordable Membership

**Detailed Category
Information**



Bairnsdale Golf & Bowls Club
1090 Paynesville Rd, Eagle Point, Vic
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MEMBERSHIP APPLICATION

BAIRNSDALE GOLF CLUB INC. 1090 PAYNESVILLE RD, EAGLE POINT, VIC, 3875
 ABN 58 801 938 139. PH: (03) 51566252, EMAIL manager@bairnsdalegolfclub.com.au

To the Secretary/Manager of the Bairnsdale Golf Club Inc. I desire to become a Member of the Bairnsdale Golf Club in the following category:

STEP 1	STEP 2	STEP 3	STEP 4 (TICK THE BOX)	Full Term Rate
Type Golf	Term 12 months (July 1 st to June 30 th)	Access 7 Days a week unlimited	Pay Rate	
			Full Rate <input type="checkbox"/>	\$ 907
			75yrs and over <input type="checkbox"/>	\$ 663
			30yrs to 39yrs <input type="checkbox"/>	\$ 499
			19yrs to 29yrs <input type="checkbox"/>	\$ 408
			15yrs to 18yrs <input type="checkbox"/>	\$ 127.50*
		14yrs and under <input type="checkbox"/>	\$ 31.00*	
		7 Days, Country (100kms)	One Price Only <input type="checkbox"/>	\$ 328
		7 Days, 9 Holes	Full Rate <input type="checkbox"/>	\$ 536
			75yrs and over <input type="checkbox"/>	\$ 424
		3 Days a week (Mon/Tues/Fri)	Full Rate <input checked="" type="checkbox"/>	\$ 495
		7 Days Excluding Comp Time	One Price Only <input checked="" type="checkbox"/>	\$ 445
	3 months (From date of application)	7 Days a week (with limitations)	One Price Only <input type="checkbox"/>	\$ 249
Bowls (stand alone)	12 month (July 1 st to June 30 th)	7 Days a week unlimited	One Price Only <input type="checkbox"/>	\$ 150
Bowls & Golf	Category: _____ <input type="checkbox"/>			\$
Social	12 months (July 1 st to June 30 th)		One Price Only <input type="checkbox"/>	\$ 50

Full Name of Candidate (I hereby declare the following details are correct:-

MR MRS MISS M/S: Given Name.....SURNAME:.....
 POSTAL ADDRESS:.....P/CODE.....
 TELEPHONE:.....MOBILE:.....DATE OF BIRTH:...../...../.....
 EMAIL:.....OCCUPATION:.....
 EMERGENCY CONTACT NAME:.....EMERG PHONE:.....
 SIGNED:.....DATE OF APPLICATION:...../...../.....

I hereby agree, if accepted, to be bound by the Statement of Purpose and the Rules of the Club.

GOLF MEMBERSHIP

Have you been or are you a member of another club? **YES NO**
 If Yes, Name of the Club:.....How long ago?.....
 Golfink No:.....If a current member of another club,
 would you like to relocate your Golfink number to Bairnsdale? **YES NO**

BOWLS MEMBERSHIP

Have you been a member of other Bowls Clubs?
YES NO Name of Club:.....
 If Yes, do you need to provide a Clearance?.....
 If Yes, Please contact the Club.

PROPOSED BY:

SECONDED BY:

NAME:.....SIGNED:..... NAME:.....SIGNED:.....

FULL PAYMENT (Monthly Payment via separate direct debit form)

Credit Card Cash Cheque: Payable to Bairnsdale Golf Club

Name on Card
 Number: ____ / ____ / ____ / ____ Exp: ____ / ____ CCV: ____
 Signed:.....

**PAYMENT or D/Debit FORM
MUST ACCOMPANY
THIS FORM**

Amount Paid:\$.....or
 D/Debit form attchd:
 Date Paid:...../...../.....
 Noticeboard:...../...../.....
 Reckon: MiClub
 Memb No: ____ - ____ - ____

BAIRNSDALE GOLF CLUB INC.

ABN 58 801 938 139 Debit User I.D. 223091

Monthly Direct Debit RequestRequest and Authority to debit the account named
below to pay
Bairnsdale Golf Club Inc.

Request and Authority to debit	Surname _____ Given name(s) _____ (“you”) <i>(All names if for more than one person)</i> request and authorise Bairnsdale Golf Club Inc. Debit User I.D. 223091 to arrange, through its own financial institution, for any amount Bairnsdale Golf Club Inc. may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____
Insert details of account to be debited	Name of account <i>(Surname etc)</i> _____ BSB number __ __ __ - __ __ __ Account number __ __ __ __ __ __ __ __ __ OR Credit Card Payments (12 monthly instalments will incur a fee of \$1.50 per instalment) Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____ Name on Credit Card: _____
Acknowledgment	By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Bairnsdale Golf Club Inc. as set out in this Request and in your Direct Debit Request Service Agreement.
[Payment Details]	The first debit will be made on 20 th July 2018 (for full year members) and the third Friday of each month thereafter. <u>Direct Debits will continue indefinitely and automatically rollover to the next financial year unless you notify the club, in writing, of your intent to cease the debits.</u> Each instalment will incur a \$.75c fee. (\$1.50 per transaction for C/Cards)
Insert your signature and address	Signature _____ Address _____ _____ Date ____ / ____ / ____