

Introductory Membership Application Form

1. Introductory Membership at Queensland's Number One Golf Course

I am applying for (please tick appropriate box):

- Individual Residential Membership Six Months Membership
 Family Non-Residential Membership Twelve (12) Months Membership

2. **Activation Date:** _____ (dd/mm/yy)

3. **Have you previously been a member at another Golf Club? If so, where?**

4. **Are you a permanent Australian resident/s?** (Please circle) **Yes / No**

5. (a) Individual Applicant Personal Details

Full Name (1): Mr/Mrs/Ms/Miss _____ D.O.B. _____ (dd/mm/yy)

Residential Address: (street address, city, state and post code – not PO Box)

Postal Address: (if different to residential address):

Email: _____ Home Phone: _____

Fax No: _____ Work Phone: _____ Mobile: _____

Drivers Licence No. (1): _____

5. (b) Declaration and Signature – Individual Applicant

I certify that the information in this form is true and correct. I acknowledge that I have read the Rules set out in the Membership Information Package. I agree to be bound by the Rules and to ensure that my guests behave appropriately and obey the Rules.

Signature: _____ Date: _____



BROOKWATER
Golf Club

Ph: 07 3814 5500
 Tournament Drive
 Brookwater QLD 4300
www.brookwatergolf.com
memberships@brookwatergolf.com

6. (a) Family Applicant/s Personal Details

Adult Name (1): Mr/Mrs/Ms _____ D.O.B. _____ (dd/mm/yy)

Adult Name (2): Mr/Mrs/Ms _____ D.O.B. _____

Child Name (1): Mr/Miss _____ D.O.B. _____

Child Name (2): Mr/Miss _____ D.O.B. _____

Residential Address: (street address, city, state and post code – not PO Box)

Postal Address: (if different to residential address):

Email: _____ Home Phone: _____

Fax No: _____ Work Phone: _____ Mobile: _____

Drivers Licence No. (1): _____ Drivers Licence No. (2): _____

Are you a permanent Australian resident? (please circle) (1): Yes / No (2): Yes / NO

6. (b) Declaration and Signature – Family Applicants

I certify that the information in this form is true and correct. I acknowledge that I have read the Rules set out in the Membership Information Package. I agree to be bound by the Rules and to ensure that my guests behave appropriately and obey the Rules.

Adult (1) Signature: _____ Date: _____

Adult (2) Signature: _____ Date: _____



Please tick for approval for Brookwater Golf Club to use your contact details in Members Handbook