



Stuart Appleby
Junior Golf

2010

MEMBERSHIP

(Membership will expire on 31/12/2010)



Stuart Appleby
Junior Golf

(Please tick only one)

Renewing member
Welcome back!

New member
Welcome aboard!

First Name _____ Last Name _____

Date of Birth _____ / _____ / _____

***RENEWING MEMBERS please *only* fill in any information that has changed since 2009.**

*Address _____

*Suburb _____ State _____ Post code _____

Gender Male Female *Email _____

*Phone Landline _____ *Mobile _____

*Do you have a golf handicap? No Yes *Golflink # _____

*Name of Golf Club (if you are a member) _____

*Name of your school _____

Where/how did you hear about SAJG? _____

Parents/Carers names _____

DISCLAIMER: In applying to become an SAJG member I understand I am applying to be part of a registered, incorporated not-for-profit association that will inform me as necessary of any responsibilities I may have in entering events, activities or programs conducted by SAJG. My parent/guardian acknowledges that in signing this form he/she assumes that legal responsibility on my behalf. SAJG, or the host venues it may utilise from time to time, does not accept any liability for personal injury, property damage or loss sustained to any member, participant or associated person(s) unless caused by proven negligence. Programs are subject to change or cancellation in the event of unsuitable weather or other factors beyond SAJG's control. I authorise SAJG or its personnel to obtain any medical assistance as they see fit and will meet all expenses as incurred. I will advise SAJG of any known medical condition I may have that may impede/prevent my participation, at the time of entering the program or respective activity. I understand that SAJG retains the right to use for publicity & marketing purposes photographs or images of members &/or associated persons taken during the program. I have read, understand & agree to membership conditions outlined above.

Signature of child seeking membership _____

Parent/Guardian (MUST sign - unsigned forms will be returned) _____

Date _____

Payment-Tax Invoice ABN 427 154 879 55

Please accept my payment by way of Personal Cheque Bank cheque/Money Order payable to **Stuart Appleby Junior Golf**

Or by MasterCard Visa Cash If payment is by Credit Card:

_____/_____/_____
Credit Card Number

_____/_____
Expiry Date

Signature _____

\$20.00 (incl GST)
For 2010 Calendar year

Name of cardholder (as it appears on the card) _____

Stuart Appleby Junior Golf (Victoria) Inc ABN 427 154 879 55 Org No: A0044972E
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