

OFFICE USE:	STAFF USE:
GolflinkNo:	Staffmember
BRS Online Registered	Amount PAID
Letter Sent	DatePAID
Induction:	Pro-rata month used:

APPLICATION FOR JUNIOR MEMBERSHIP

ADDRESS:					
CITY:	S	STATE:	PO	STCODE:	
CATEGORY	☐ AGE 15-17	yrs			
	Under 14 Y	rs			
DATE OF BIRTH	:/				
TELEPHONE:(Ho	ome)	(Mobi	le)		
EMAIL:					
(Parent Mobile)_					
PARENT EMAIL:					
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The Directors shall not be bound to accept the application for membership of any person. If there is any inaccuracy or misrepresentation in the particulars relating to the applicant or in his/her description shall render his/her election voidable at any time at the discretion of the Club. All members are bound by the clubs articles of association.