



Membership No:

Golf Membership Application

Mr Mrs Ms Miss Surname* First Name*

Residential Address*

Suburb* Postcode*

Postal Address (If different "as above"):

Suburb: Postcode:

Phone (H)* Mobile* Date of Birth* / /

Email*

Existing Golf Link Nominate TCC as Home Club Yes No

* Mandatory fields including photo for identification purposes only.

7 Day \$945 Social Golf \$500 Junior (18-25 yrs) \$225

6 Day \$840 Intermediate (25-30 yrs) \$500 Sub Junior (18 under) \$25

Do you wish to receive our Annual Report? Email Post Not at all

Do you wish to receive Digital Club Information & Updates? Yes No

Recent legislations changes mean the Annual Report will not be automatically mailed out to members. The Annual Report is available Club's website (www.torontoworkers.com.au). A printed copy of the Annual Report will be available upon request.

Please Note: Important Club Notices will be automatically sent to all Members.

PRIVATE POLICY

A detailed copy of the Club's Privacy Policy can be found on the Club Website under "About Us". The Club is subject to the provisions of the Privacy Act 1988 and respects your right to privacy and is committed to protecting your personal information. The personal information on this form, which has been provided by you, will be used to process your membership. Failure to provide all the relevant information, including forms of approved identification, may result in your application being rejected. You may unsubscribe or opt-out of any marketing methods by seeing Club Reception or following provided links. You may update or correct your personal information at any time for the duration of your membership.

I acknowledge that my membership application will be provisional until approved by the Board of Directors. My membership fee will be refunded if not approved.

By signing below you acknowledge that your personal details are correct, have read and understand the Club's privacy policy and agree to abide by the Memorandum, the Constitution and the By-Laws of the Club.

Signature of Applicant: Date: / /

We, the undersigned financial members of the Club, nominate the above applicant.

Proposer Signature: Member No:

Secunder Signature: Member No:

OFFICE USE: The below information is used to process your application and is not held within our database.

ID Sighted by: Staff Entering Details:

Form of ID: Drivers Licence Passport Photo Card Pension ID No:

Player Activity Statements are available on request. GambleAware call Gambling Help Line 24/7 on 1800 858 858.