



**BELLINGEN GOLF CLUB**

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**MEMBERSHIP DATA UPDATE FORM**

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

**Current Class of Membership:** .....

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) .....

First Name ..... Known as.....

Surname ..... Middle Initials .....

Address.....

Suburb ..... Postcode .....

Telephone: Home ..... Business .....

Fax ..... Mobile .....

E-Mail .....

Occupation .....

Left/Right Handed ..... Date of Birth...../...../.....

Home Club for Handicapping if not Bellingen.....

Golflink Number for Handicapping if not Bellingen .....

**Emergency Family Contact Information:**

Name (**Print First and Surname**) .....

Relationship (i.e. Wife, Son, Friend) .....

Phone Number (for emergency contact) .....

**Written Consent to Receive Club 'Notices' via Email**

Where permissible, and under the guidelines set out in the Clubs Constitution, I hereby give the Club authority to send future 'Notices' via email transmission to my email address provided above.

Signed .....Date ...../...../.....

The Bellingen Golf Club maintains all membership information in line with it's Privacy Policy.  
A copy of this policy may be obtained upon application to the office.

**OFFICE USE ONLY**

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