



GOLF MEMBERSHIP RENEWAL FOR 2011-2012

SURNAME: _____ FIRST NAME: _____ M'ship No: _____

EMAIL ADDRESS: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

CHANGE OF ADDRESS: _____

POSTCODE: _____

Please tick category below:

CATEGORY		From April 1st	Age Pensioner	From April 1st
Full Adult (7 days)	\$ 865.00	\$890.00	\$ 830.00	\$855.00
6 Day Adult (Sun-Fri)	\$ 715.00	\$735.00	\$ 685.00	\$705.00
Weekday 18 Hole (Mon-Fri)	\$ 590.00	\$610.00	\$ 570.00	\$585.00
Weekday 9 Hole (Mon-Fri)	\$ 445.00	\$460.00		
20 & 21 year Old Players	\$ 360.00	\$370.00		
18 & 19 year Old Players	\$ 205.00	\$210.00		
Junior Uner 18 Years (7 Days)	\$ 85.00	\$90.00		

Junior/Age Pensioner/Senior ID: _____ TOTAL PAID \$ _____

NO REFUNDS WILL BE GIVEN, UNLESS EXCEPTIONAL CIRCUMSTANCES

DIRECT DEBIT FEE - \$2.50 per fortnight. Please complete the reverse side to use the Direct Debit facility.

Method of Payment (tick one)

Cash EFTPOS Cheque Credit Card

Credit Card Details (circle one) BankCard Mastercard Visa Expiry Date: _____

Card Holder: _____ Card number: _____

Cardholder's Signature: _____

I agree to be bound by the objects of Association and By-Laws of the Club

Signature _____

Magpies Belconnen Golf Club

Stockdill Drive Holt

Ph: Golf Club 6254 2922

Pro Shop 6254 6740

Magpies Sports Club

Hardwick Crescent Holt

PO Box 96, Kippax 2615

Ph 6278 8777

Fax 6278 8716



DIRECT DEBIT REQUEST

**Request and Authority to debit the account named below to pay
(BELCONNEN MAGPIES SPORTS CLUB)**

**Request and Authority
To debit**

Surname or Company name: _____
 Given names or ACN/ARBN _____ (“you”)

Request and authorise (*Belconnen Magpies Sports club (Debit User Identification Number 181729*) to arrange for any amount (Belconnen Magpies Sports Club) may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

**Insert the name and address of
financial institution at which
account is held**

Financial Institution name: _____
 Address: _____

**Insert details of account to be
debited**

**Only Savings or Cheque
Accounts may be used.**

Name of account: _____
 BSB number: _____
 Account number: _____

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and (Belconnen Magpies Sports Club) as set out in this Request and in your Direct Debit Request Service Agreement

Payment Details

Direct debits will be made fortnightly starting 1st April 2011.
 Cancellation of Direct Debit must be in the form of a written request.

**Insert your signature and
address**

Signature: _____
 Address _____

 Date: ____ / ____ / ____