

How Did You Hear About Us?

In a few words could you please tell us how you came to hear of Ryde-Parramatta Golf Club and to choose to join as a member.

Applicant's Statement

In making an application for membership of the Club, I acknowledge and accept that I will be subject to the Australian Golf Union/Women's Golf Australia handicapping system and that my handicap may be reviewed at the absolute discretion of the General Committee on the basis of any cards returned in any competition. By making application to the Club I also expressly acknowledge and agree that I will have no right to make any representations to the handicapper before any decision is made to review my handicap and that there shall be no appeal whatsoever from any decision of the General Committee in relation to a review of my handicap.

Signature

Date

Office Use Only

Reviewed by General Manager

Signature

Date

Reviewed by Membership Director

Signature

Date

Application Reply Sent

Approval Letter Sent

GOLFLink Number Established

Handicap Established

Card Ordered



RYDE-PARRAMATTA

GOLF CLUB LTD

ABN 68 000 023 058

Application for Playing Membership

Explanatory Notes

1. This application form must normally be signed by a proposer who must have been a playing member of the Club for a period of at least 5 years and a seconder who is a current playing member, or the professional. There are a number of exemptions to this requirement and these are set out below.
2. Where the applicant for Cadet, Junior or Colt membership is the child of a member, the requirement for a proposer and seconder shall not apply.
3. Where the applicant for Cadet or Junior membership is not the child of a member, the proposer may be the parent or guardian and the requirement for a seconder shall not apply.
4. Where the application is for Partner membership, nomination by the partner of the applicant shall be sufficient and no seconder will be required. There is also no requirement for the nominator to have been a playing member for any period.
5. Where the applicant for any category of membership is transferring from a reciprocal club, the requirement for a proposer and seconder shall not apply. A letter of introduction or referral from the applicant's reciprocal club must be obtained.
6. Members who sign as proposer or seconder must have personally known the applicant for a period of at least one year.
7. Playing members are only permitted to nominate one person for membership per annum.
8. Applications from persons who cannot furnish suitably qualified proposers and seconders may be submitted.
The application must in this case be accompanied by three written references from people who have personally known the applicant for a period of at least one year.

Enquiries

If you have any queries regarding this application, please contact either:-

- Adele Lee Receptionist golf@rydeparramatta.com.au , or
- Bob Reberger General Manager gm@rydeparramatta.com.au

Telephone: (02) 9874 1204

Fax: (02) 9858 1685

Address: 1156 Victoria Road, WEST RYDE NSW 2114

Category of Membership

Full Playing <input type="checkbox"/>	Full Playing B <input type="checkbox"/>	6 Day <input type="checkbox"/>	6 Day B <input type="checkbox"/>
5 Day <input type="checkbox"/>	5 Day B <input type="checkbox"/>	Partner <input type="checkbox"/>	International <input type="checkbox"/>
2 Day <input type="checkbox"/>	Cadet (Sus) <input type="checkbox"/>	Junior (Sus) <input type="checkbox"/>	Colt (Sus) <input type="checkbox"/>
Country <input type="checkbox"/>	Corporate <input type="checkbox"/>	Limited Playing(Sus) <input type="checkbox"/>	Intermediate (Sus) <input type="checkbox"/>

Applicant's Details

Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Miss <input type="checkbox"/>	First Name/s		Surname
Residential Address		<input style="width: 95%;" type="text"/>	
		<input style="width: 95%;" type="text"/>	
Contact Phone Numbers			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Home	Business	Mobile	
E-mail	<input style="width: 95%;" type="text"/>		
Date of Birth	<input style="width: 95%;" type="text"/>	Employer:	<input style="width: 95%;" type="text"/>
Other Information (if applicable)	<input style="width: 95%;" type="text"/>		
Occupation:	<input style="width: 95%;" type="text"/>		
Current Golf Club	<input style="width: 95%;" type="text"/>		
Golf Link Number	<input style="width: 95%;" type="text"/>	AGU or WGA Handicap	<input style="width: 95%;" type="text"/>
If you want another club to maintain your handicap in future, enter the club name below.			
<input style="width: 95%;" type="text"/>			
If applying for Cadet, Junior or Colt membership, are you the son/daughter of a member?			
If Yes, insert details of the parent below.			
Name of Parent	<input style="width: 95%;" type="text"/>	Member Number	<input style="width: 95%;" type="text"/>

Proposer and Seconder

We the undersigned wholeheartedly support the application.

Proposer

Name <input style="width: 95%;" type="text"/>	Member Number <input style="width: 95%;" type="text"/>
Years of Membership <input style="width: 95%;" type="text"/>	Years Applicant known to me <input style="width: 95%;" type="text"/>
Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>

Seconder

Name <input style="width: 95%;" type="text"/>	Member Number <input style="width: 95%;" type="text"/>
Years of Membership <input style="width: 95%;" type="text"/>	Years Applicant known to me <input style="width: 95%;" type="text"/>
Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>

Note: Where references are to be supplied instead of having a proposer and seconder, these should be attached to the application.

PLEASE TURN OVER