











## Your Clubs, Your Rewards

## SOCIAL MEMBERSHIP

Application/Renewal Form

## **MEMBERSHIP VALID: 1st APRIL 2023 - 31st MARCH 2024**

MEMBER DETAILS	MEMBERSHIPS (Tick chosen membership)		
New Membership Application:		1 Year	3 Year
New Membership Application.	Gold Member	\$25	\$65 (save \$10)
Existing Membership Renewal: Membership No:	Silver Member	\$15	\$40 (save \$5)
Full Name:	Bronze Member	\$5.50	\$15 (save \$1.50)
Male: Female: Date of Birth://			nure for full listing of benefit Membership categories.
Residential Address:	-		
	To the Directors Limited,	of the Murray	Downs Golf & Country Clu
Postal Address: (if different to residential)	I desire to become/renew as a member of the Murray Down Golf & Country Club and Swan Hill Club as shown and I hereb agree, if elected to be bound by the Constitution and by-laws of the Club or any subsequent amendment thereof. I understan the Club's Privacy Policy and the membership entitlements an		
Mobile: Phone:		chosen membe	rship category. I hereby certif
Email:	Signature:		
I want to opt out of email/text communications:	Date:/		
PAYMENT OPTIONS: Cash, cheque, eftpos or credit card and renewals can be paid online.  PLEASE NOTE:	A proud member		BALIDDAW
· All new applications must be received in person from	CREDIT CARD F	ODM:	

- the person making the application for membership. New applications received via the post or made by another person apart from the applicant will NOT be accepted.
- · All details requested must be completed before this application for membership can be processed.
- Details on the application will be verified against the applicants official identification upon receipt, including checking the signature, address and birth date.
- · Persons who have applied for membership of the Club are admitted as provisional members.
- · A copy of the Clubs privacy policy can be downloaded from our website.
- Murray Downs player activity statement is available upon request.

Help is close at hand **GambleAware** gambleaware.nsw.gov.au 1800 858 858

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Reception@mdclubs.com.au PO Box 496 Swan Hill VIC 3585 100 Murray Downs Drive, Murray Downs

Card Number: .....

Name on card:.....

Billing Address: .....

Visa Mastercard American Express

Security Code: ...... Expiry Date: ...../.........

Card Holder Signature: .....

City:

State: ..... Postcode: .....

## P: 03 5032 2060

SHC@mdclubs.com.au PO Box 496 Swan Hill VIC 3585 5/17 McCallum Street, Swan Hill





OFFICE USE ONLY
Employee Name:
Date Received:/// Board Approval Date:/
Payment: Cash  Voucher Eftpos Cheque
ID Type: ID Number:
Membership Number:
Card Printed: Letter Printed:
Added to Label List: