



Your Clubs, Your Rewards

SOCIAL MEMBERSHIP



Application/Renewal Form

MEMBERSHIP VALID: 1st APRIL 2024 - 31st MARCH 2025

MEMBER DETAILS

| New Membership Application: | | | |
|---|--|--|--|
| Existing Membership Renewal: Membership No: | | | |
| Full Name: | | | |
| Male: Female: Date of Birth:// | | | |
| Residential Address: | | | |
| Postcode: | | | |
| Postal Address: (if different to residential) | | | |
| Postcode: | | | |
| Mobile: Phone: | | | |
| Email: | | | |

I want to opt out of email/text communications:

PAYMENT OPTIONS: Cash, cheque, eftpos or credit card and renewals can be paid online.

PLEASE NOTE:

- All new applications must be received in person from 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 **MEMBERSHIPS** (Tick chosen membership)

| | 1 Year | 3 Year | | |
|--|--|---|----------------------|--|
| Gold Member | \$30 | \$65 (save \$25) | | |
| Social Member | | \$10 (\$3.33 per year) | | |
| LONGEVITY REWARD RETURNED AS POINTS: 15-19YRS - 10% 20-24 YEARS - 15% 25+ YRS 20% | | | | |
| Please refer to Membership card for full listing of benefits and conditions associated with Membership categories. | | | | |
| To the Directors o Limited, | of the Murra | y Downs Golf & Country Clu | ıb | |
| Golf & Country Club agree, if elected to the Club or any sub the Club's Privacy P | b and Swan H be bound by psequent am Policy and the hosen memb | member of the Murray Dowr Hill Club as shown and I herek the Constitution and by-laws of pendment thereof. I understan e membership entitlements an pership category. I hereby certi- true and correct. | oy of nd nd | |
| Signature: | | | | |
| Date:/// | | | | |
| | | | | |
| A proud member The top holiday golf | | ALLIDD AV | | |
| CREDIT CARD F | ORM: | | | |
| Name on card: | | | | |
| Billing Address: | | | | |
| City: | | | | |
| State: | Postcode: | | | |
| Visa 🗌 Masterca | ard 🗌 Ameri | ican Express 🗌 | | |
| Card Number: | | | | |
| Security Code:/ | | | | |
| Card Holder Sign | ature: | | | |
| N | | | | |

P: 03 5033 1422

Reception@mdclubs.com.au PO Box 496 Swan Hill VIC 3585 100 Murray Downs Drive, Murray Downs NSW 2734

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 ID Type: ID Number: ID Membership Number: Letter Printed: ID Added to Label List: ID ID