



Website: www.cbasydneygolfclub.com

For all enquiries, please email: enquiry@cbasydneygolfclub.com

2022 Membership Application

Name	
Home Address	
Branch/Dept (inc BSB) (current employees)	
E-mail address	
CBA Staff Number	
Phone Number	
Mobile Phone Number	
Current Golf Link # and Home Course (if you have one)	

I am presently/have previously been an employee of the Commonwealth Bank Group
YES/NO.

NOTES:

1. If you have marked “**NO**” above and have not previously been a member of the Club, then this application for membership is subject to ratification by the Club’s Committee.
2. The CBA Sydney Golf Club selects a number of representative teams for special events during the year (eg: RS Elliott Tournament). Some tournament rules preclude the Club from selecting members that have never been employed by the Commonwealth Bank Group.

COSTS

- **Initial membership of the Commonwealth Bank Sydney Golf Club is \$75.**
Included in this cost is a Club polo and a Club cap to wear at the games.
- **Yearly renewal is \$20.**

If not a member of a registered Golf Club, you may wish to join Warringah Golf Club under a special membership deal. Our Club Members are granted membership at \$145 pa whereby you receive an AGU handicap to use Australia wide, administered through GOLF Link, giving access to various golf competitions and providing a monitor of progress. You are not obliged to join, and not obliged to play any games at Warringah. This Membership runs from 1st September annually. A separate application form will be sent to all Members prior to this date.

Payment Authority

Amount **\$20** for current Members
(insert one) **\$75** for new Members

1. My cheque for \$..... is enclosed (if paying by cheque)
2. Please credit the Commonwealth Bank Sydney Golf Club bank account shown below with \$.....(either by direct credit or at a CBA Branch. Please ensure you put your name as a reference for the transaction to enable the payment to be matched to you)

Bank Account number	062-000 00801149
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3. Debit to a credit card as listed below

Mastercard/Visa #	Expiry date	Amount

Delete as appropriate

Please advise shirt size.

Shirt Size

Date

Signature

If this form is e-mailed from the applicant's own e-mail address, a signature is not required.

Please forward completed form to : enquiry@cbasydneygolfclub.com