



# **GOLF BROKEN HILL INC**

[bhillgolfclub@bigpond.com](mailto:bhillgolfclub@bigpond.com)

P O B<sub>OX</sub> 677 BROKEN HILL NSW 2880



## **Application & Agreement for Direct Debit with Golf Broken Hill Golf Inc**

**Any member that wishes to utilise the Direct Debit membership payments MUST complete this form.**

### **I agree that by signing this form**

- I understand that I am signing up for the **full twelve months of membership (from July 1 until June 30 or part thereof until June 30 of current membership year, in event of joining after July 1)** with Golf Broken Hill in the category I have selected.
- I understand that I am liable for the full payment of this membership including any fees and charges as stated on my Invoice, and as prescribed by the Club.
- I understand that should I forfeit a payment that the Club will endeavour to contact me on the details supplied by me and that these details are true and correct, to settle the payment.
- I understand that should I have more than two forfeit payments that the full amount of the remaining membership money for the year shall be due at that time.
- I understand that the Club has the right to deduct the total amount owing from my account plus any associated fees incurred to settle the account (current rejection fee is \$10).
- I understand that should I default on payment of my obligated instalments and the Club is unable to settle the issue with me that the Club shall have the option to approach a debt collection agency to recover the money, and that my credit rating may be effected by this action.
- I understand that should I default upon payment that my membership shall be cancelled and that any monies, vouchers, or prizes allocated to me shall be forfeited to the Club.
- I understand that should I default upon payment that any Trophy or Event won by me during that year shall become null and void, to which all interpretation remain the final decision of the Match Committee, and that my name shall not appear as the winner of that event on any Club trophy, honour board or other official notice.
- I understand that by participating in this form of membership payment, I shall have all the same rights and privileges as any member, in the category I have elected to join or renewed in, as long as I am financial.
- I understand that Golf Broken Hill has the right to refuse an existing or new member applying to use the Direct Debit facility
- I confirm that I have read, understand and agree to the above conditions.

\_\_\_\_\_

Name

\_\_\_\_\_

Membership #

Date

\_\_\_\_\_

Contact Details - Mobile No.

\_\_\_\_\_

Email Address

\_\_\_\_\_

Signed (Member)

\_\_\_\_\_

Signed (Staff/Club Representative)