North Adelaide Golf Course, Strangways Terrace, North Adelaide SA 5006 ◆ PO Box 423, North Adelaide SA 5006

Dear Fellow Golfer

It is with much pleasure that I offer you this membership application form of the Aboriginal Golf Club of South Australia.

The Aboriginal Golf Club of SA aims to:

* Promote the sport of golf to the Aboriginal community
* Coordinate structured social golf events in the lead up to the SA Aboriginal Golf Championships.
* Raise funds to provide golf opportunities to the Aboriginal community here in SA

**2025/26 Membership Fee:** **$40.00**

Listed below are a number of membership benefits and privileges:

* Membership of a fully constituted club;
* Community connections & social engagement;
* Access to structured events arranged by AGCSA;
* Member bag tag.

Please complete the attached membership form and return as instructed on the form.

**Partnership with Adelaide City Council / North Adelaide Golf Course**

ACGSA has established a partnership with Adelaide City Council who operate the North Adelaide Golf Course. Adelaide City Council is offering our members a $40 discount off their Social Club Membership (Competition Pass) which provides various benefits including access to a Golf Australia Handicap so you can play in competitions. Membership benefits include:

* 3 rounds of golf
* GA Handicap obtainment
* 2 buckets of balls for North Adelaide driving range
* Access to weekly competitions at North Adelaide golf course - green fee and comp fee to be paid

To take up this annual membership at the rate of **$159.00**, members MUST:

1. become a member of the Aboriginal Golf Club of SA (**$40.00** fee);
2. then present the membership application form (signed off by the President of Aboriginal Golf Club of SA) to North Adelaide Golf Course (**$159** fee)

Welcome

Michael Rigney

President

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| Title: |  | First Name: | |  | | | | | Surname: | | |  | | | |
| Phone: | | M: |  | | | W: |  | | | | | | H: |  | |
| Address: | |  | | | | | | | | | | | | PC: |  |
| Email: | |  | | | | | | | | | D.O.B: | | |  | |
| Aboriginal or TSI: | | Yes / No (please circle) | | | | | | | | | | | | | |
| Emergency Contact: | |  | | | | | | | | | | | | | |
| Relationship to Member: | |  | | | | | | | | Phone: | | | |  | |
| Golf Club Member: | | Yes / No | | | Golf Club Name: | | |  | | | | | | | |
| Golflink Number: | |  | | | | | | | | | | | | | |

**Acceptance of Conditions**

I agree to act and abide by the Constitution of the Aboriginal Golf Club of South Australia and understand that failure to do so could result in termination of my Club Membership.

Personal data contained in this form will be retained by the Aboriginal Golf Club of South Australia.

I consent to my details being shared by Aboriginal Golf Club of South Australia with Adelaide City Council / North Adelaide Golf Course who our club is partnering with. This data may be utilised by North Adelaide Golf Course for the distribution of correspondence.

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| --- | --- | --- |
| Name: | Signature: | Date: |

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| **Parent / Guardian to co-sign if applicant is under 18 years of age:** | | |
| Name: | Signature: | Date: |

**Membership Fee**

# $40.00 - Period 12 months from 1 April 25 to 31 March 2026.

# Method of Payment:

# Electronic Funds Transfer

# Account name: Aboriginal Golf Club of South Australia

BSB: **105022**

Account Number: **066261340**

Reference: **[Your Name]**

**Please return membership form to** [aboriginalgolfclubofsa@gmail.com](mailto:aboriginalgolfclubofsa@gmail.com) PO Box 423, North Adelaide SA 5006.

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| **Admin Only** | Signed by President of AGCSA:  Member to present signed form to North Adelaide Golf Course if they wish to take up North Adelaide Golf Course Social Club Membership (Competition Pass) | Date: |