

Anglesea Golf Club Inc.

Membership Application Form

1. Category of Membership

Non Playing Ordinary (7 day) 18- 25 Yrs 26-29 Yrs 30 – 34 Yrs 35- 39 Yrs Junior (U/18)

2. Personal Details

Name: Mr/Mrs/Miss/Ms

Gender: M F D.O.B.:...../...../..... Profession:

Address- Permanent: Street:.....

Suburb/Town: State:..... P/Code:

Address- Holiday Street:.....

Suburb/Town: State:..... P/Code:

Phone

Home: Work: Holiday: Mobile:

Email address:

3. Other Clubs

Are you a member of any other Golf Club? YES/ NO

Club(s): H/Cap:..... Golf Link No.:

Will Anglesea be your Home Club for Handicapping purposes: YES/ NO

4. Emergency Contact Person

Name (Print): Phone:.....

5. How did you hear about us? (please circle) Member Referral Local Paper Word of Mouth Facebook Instagram

6. Payment Options

The amounts payable are to be paid: by cash (in person) by cheque to Anglesea Golf Club Inc. which is enclosed, or
 by credit card authorisation to Anglesea Golf Club Inc: Visa Mastercard

Card Number _____ Expiry Date: (month/year) ____ / ____

CCV: ____ Name on Credit Card:.....

Authorised Amount:..... Signature:.....

7. Signing

The above candidate is personally known to us, and we believe him/her to be a suitable person to be elected a Member of the Anglesea Golf Club.

Proposer (Print): Signature:.....

Seconder (Print):..... Signature:

Signature of Candidate:.....

Please return form to: Anglesea Golf Club, PO Box 26, Anglesea, VIC 3230 info@angleseagolfclub.com.au

OFFICE USE ONLY:

Applicant Notified:

Subscription- Rec. No.: