



East Geelong Golf Club *Inc.*

ABN 51 920 566 064 REG NO A 0001724L

Founded 1923

PO Box 813, Geelong, 3220

Telephone: 5229 3634

Email manager@eastgeelonggc.com.au

APPLICATION FOR MEMBERSHIP

Personal Details

Title: _____ Surname: _____

First Name/s: _____ D.O.B. ____ / ____ / ____

Postal Address: _____

Suburb: _____ Post Code: _____

Phone: _____ Email Address: _____

Golf Details

Previous Golf Club Member Yes No

If Yes which club _____ Golflink # _____

Do you wish to obtain a Golf Link Number and Handicap ? Yes No

Membership Options

I wish to apply for membership as a

Full	<input type="checkbox"/>	Limited	<input type="checkbox"/>
Junior Under 18	<input type="checkbox"/>	Junior Under 21	<input type="checkbox"/>
Intermediate 21-25	<input type="checkbox"/>	Winter/Summer	<input type="checkbox"/>

Social

For current Annual Fee refer to website:
<http://www.eastgeelonggolfclub.com.au> under the Membership tab

Payment Options

Full Payment (Cash, EFTPOS or Cheque)

Monthly Payments (Direct Credit Request Form available from club)

(Office Use) Amount Paid _____

I hereby declare the above information is correct and agree, if accepted as a member to be bound by the Constitution and By Laws of the East Geelong Golf Club:

Applicants Signature: _____ **Date:** _____

Proposed by: _____ Seconded by: _____

Signature:

Signature: