

PHILLIP ISLAND GOLF CLUB INC APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Surname: _____ Title: Mr / Ms / Miss / Mrs / Dr / Other: _____
Given Name: _____ Known As: _____
Address: _____
Suburb: _____ Postcode: _____
Home Phone: _____ Fax: _____
Business Phone: _____ Mobile: _____
Email: _____ Date of Birth: _____
Occupation: _____ Employer: _____
Emergency Contact Name: _____ Emergency Phone Number: _____

GOLF HISTORY

Are you a golfer Yes / No Last handicap _____ Golflink Number: _____
Previous/Current Member of _____ Club (s)
No of Years Service and Reason For Leaving Former Club: _____

MEMBERSHIP INFORMATION

Membership Category Applied For: _____

If admitted I agree to abide by all club rules and regulations

Signed (applicant): _____

Proposer 1: _____ Proposer 2: _____

Telephone Number: _____ Telephone Number: _____

Signed: _____ Signed: _____

PAYMENT DETAILS

Membership Category: \$ _____

Joining Fee: Yes / No \$ _____

House Charge: \$ _____

TOTAL PAYABLE \$ _____

Cheque enclosed made payable to Phillip Island Golf Club Inc

Please charge my credit card – Visa Mastercard

Card Number: □□□□/□□□□/□□□□/□□□□ Expiry Date: □□/□□

Cardholders Name: _____ Signature: _____