

## GLEN WAVERLEY GOLF CLUB INC.

PO Box 67, Glen Waverley, VIC 3150

## **APPLICATION FOR MEMBERSHIP**

Membership categ	gory required:	Ordinary:	Junior:				
SURNAME:			GIVEN NAMES:				
ADDRESS:			SUBURB:		POST CODE:		
TELEPHONE:			EMAIL:				
Male: Fer	nale:		DATE OF BIRTH:				
EMERGENCY CON	TACT DETAILS (C	Optional):					
I am currently, or l	nave been, a me	mber of a gol	f club: Yes:	No:			
If Yes, please com	plete the followi	ng informatio	n and provide evide	nce of curre	ent handicap, If app	licable	!.
Name of club:			Year:		Handicap:		
GolfLink Number:							
I hereby certify that the above information is true and correct in every particular, that I am an amateur as defined by the Royal and Ancient Golf Club of St.Andrews, and I undertake, if accepted, to be bound by the Rules of Incorporation and By-Laws of the Club and the Articles of Association and By-Laws of the Victorian Golf Leage or Victorian Womens Golf League.							
DATE:			SIGNATURE:				
PROPOSED BY:			SIGNATURE:				
SECONDED BY:			SIGNATURE:				
Fees:							
Joining Fee:	\$100 (except J	uniors)		OFFICE USE	Joining Fee		
Subscription Fee:	Male: \$155	Female: \$14	5 Junior: \$100	ONLY	Annual Fee		

Entered in Register

Entered in Golflink

BSB: 013 006 Acc No.: 003865528

Bank Details: