



Are you a previous member of Victor Harbor Golf Club? Yes No Office use

PERSONAL INFORMATION

Full Name:

Preferred Name: Date of birth:

Occupation: Employer:

Postal Address:

Suburb/Town: Postcode:

Residential address
(if different to postal address)

Suburb/Town: Postcode:

Mobile: Home phone:

Email:

EMERGENCY CONTACT INFORMATION

Name: Relationship:

Mobile: Home phone:

CURRENT OR FORMER GOLF CLUB MEMBERSHIP

Which club? Golf Link No.

Who do you nominate as your home club?

CATEGORY OF MEMBERSHIP APPLIED FOR

<input type="checkbox"/> 7 Day	<input type="checkbox"/> Young Adult 18-25	<input type="checkbox"/> Rookie	<input type="checkbox"/> Interstate	<input type="checkbox"/> 9-Hole
<input type="checkbox"/> 6 Day	<input type="checkbox"/> Young Adult 26-35	<input type="checkbox"/> Casual	<input type="checkbox"/> Overseas	<input type="checkbox"/> City
<input type="checkbox"/> 5 Day	<input type="checkbox"/> Junior	<input type="checkbox"/> Pay-as-you-play	<input type="checkbox"/> Social	<input type="checkbox"/> Country
Do you own a motorised golf buggy 200kg and over? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Sporting

PLAYING TIMES

Do you intend to play competitions? Competitions Social Only

What days are you likely to play? (so we can assign a 'welcome buddy')

Mon AM /PM Tues AM /PM Wed AM /PM Thurs AM /PM

Fri AM /PM Sat AM /PM Sun AM /PM

Signature Of Applicant _____ Date _____

NOTE: This application is subject to approval by the Committee of Management. All applications shall be classed as "Provisional" until such approval. Provisional members may compete in every day club/pro shop competitions but are ineligible to compete in Club Championships.

Proposer Signature _____

Seconder's Signature _____

Proposer's Name (print) _____

Seconder's Name (print) _____