

**TRAFALGAR GOLF CLUB Inc.**

230 Gibsons Road, P.O. Box 123, Trafalgar, Victoria, 3824

Telephone (03) 5633 1110 www.trafalgargolf.com.au

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**MEMBERSHIP**

**APPLICATION**

TITLE ……………………………… FULL NAME……………………………………………………………………………….………………………………..……………..

ADDRESS …………………………………………………………………………………………………………………………..………………..…POSTCODE…………….

POSTAL ADDRESS (if different to above)…………………………………………………………………………………………………………………………………..

PHONE Mobile………………………………….……………...Business Hours……………………..…………………Home………………………….………………

EMAIL ……………………………………………………………………………………………………………………………………………………………………………………

OCCUPATION ……………………………………………………………………………………………………**DATE OF BIRTH**………………………………….…………

EMERGENCY CONTACT:

Name ………………………………………………..……………….Relationship…………..……. Best contact number……………………………………….……..

PREVIOUS CLUB for Handicapping ………………………………………………….…

GOLFLINK NUMBER ………….…………………………………………

EXACT NAME ON GOLFLINK CARD ……………………………………………………

HOME CLUB WILL BE …………………………………………………..…

*I hereby agree, if elected, to be bound by the Constitution and by-laws of the Club.*

**Applicant Signature**……………………………………………………………………………  **Application Date**…………………………………………..………

If under 18 - Parent Name …………………………………………………………........Parent Signature………………………………………..…………..

Current Club Member – Proposer : Name………………………………………………………..Signature…………………………………………..

Current Club member – Seconder : Name…………………………………..……………........Signature……………………………………

**Each Membership Application Form must be accompanied by a payment:**

1. **A non-refundable Nomination Fee of $200 for the following categories - Full, Country, 65+ Pensioner, Young Adult**

**and Senior 9 hole. This is then deducted from your balance owing once application approved.**

1. **Full payment for Adult Beginner 12 months and Six Month Members**
2. **Pro Rata for Junior, Social**

**2. Resignation from membership of Trafalgar Golf Club MUST be in writing to The Secretary.**

I do not have a handicap please tick

Membership Categories – Please tick one

🞎 Junior under 18

🞎 Young Adult (18 to 30 yrs)

🞎 Adult beginner ONE YEAR ONLY NOT ELIGIBLE FOR HANDICAP

🞎 6 month member (plays other sport)

🞎 Social member (non playing)

🞎 Senior 9 Hole

🞎 65+ pensioner

🞎 Country member (reside 50km + away )

🞎 Full member

OFFICE USE ONLY – PLEASE TURN OVER

Office use only – see overleaf

OFFICE USE ONLY – please turn over

OFFICE USE ONLY

Nomination fee/Pro Rata PAYMENT:

Date paid….………………..…….… Amount paid ……………………………Receipt number ………..………………………..……

Approved by board Date……………………………………………….Signed……………………….….

Invoiced / Slice / email list Date ………………………………………………Signed….……………………….

Successful application email sent Date………………………………………….. Signed…………………….…….

Welcome pack Date………………………………………..… Signed………………………….

Email added to newsletter Date……………………………………….… Signed…………………………..

New member Buddy Program:

Phone call………… Meet and greet organised…….. Mentor……………………………………..