



CAMBERWELL GOLF CLUB INC. ASSOCIATES

*(Affiliated VWGL) Reg No. A0010271Y
ABN 54 495 291 583
P. O. Box 200 North Balwyn 3104*

APPLICATION FORM

Please complete this form and post to Celia Cornick - Membership Officer, at P.O. Box 200, North Balwyn, 3104, or scan and email to celia.cornick@outlook.com

If wishing to pay by EFT, or for any other enquiries, please phone Celia on 0403 208 940 or email her at celia.cornick@outlook.com

Membership Fees (payable on acceptance)

A "one off" Joining Fee of \$100 plus an Annual Subscription of \$115

Payable by Cash, EFT or deposit yourself into any Commonwealth Bank. Details: BSB 063 184, Account No. 1004 4217 (Please use your Surname as reference)

Name:

Address:

Phone Number: **Mobile No:**

Date of Birth: **Email:**

- Are you a member of another Golf Club? YES/ NO
- Do you have an official handicap? YES/ NO
- Do you have a Golf Link Number? Please state Number.....
- Do you want Camberwell Golf Club as your Home Club? YES/ NO

Nominator: **Seconder:**

If you do not know a current member please leave this section blank and we will fill it in at a later date.

I certify that the above information is true and correct and I undertake that when I am accepted for membership of the Camberwell Golf Club Inc. Associates to abide by the Club's Rules and Regulations and the Articles of Association and By-laws of the Victorian Golf League Associates, Inc.

Signed: **Date:**

<i>Official Use Only:</i>	
<i>Received by Membership Officer:.....</i>	<i>Date:.....</i>
<i>Treasurer's Receipt for Fees No:.....</i>	<i>Amount: \$..... Date:.....</i>
<i>Details to Secretary: Date:.....</i>	<i>Handicapper: Date:.....</i>
<i>Details to Captain: Date:.....</i>	<i>Applicant contacted by Membership Officer Date:.....</i>