



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 Lyn Sprague - Membership Officer: 51, Gardenia Rd, Balwyn North, 3104, or scan and email to: camberwell.ladies.golf@gmail.com

If wishing to pay by EFT, or for any other enquiries, please phone Lyn 0410 727 643 or email her at: camberwell.ladies.golf@gmail.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:**

Emergency Contact:

- 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: **Second:**

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:**

Official Use Only:

Received by Membership Officer:.....Date:.....

Treasurer's Receipt for Fees No:.....Amount: \$.....Date:.....

Details to Secretary: Date:.....Handicapper: Date:.....

Details to Captain: Date:.....Applicant contacted by Membership Officer Date:.....