

APOLLO BAY GOLF CLUB Inc.

Reg. No A0001831N

APPLICATION FOR MEMBERSHIP

I, _____ (Please print FULL NAME of Nominee)

Desire to become a member of ABGC Inc. in the following category:

Category of Membership	Tick one box below
Ordinary (Full) Member	
Country Member (live 30kms from ABGC Clubhouse)	
Playing Social Member (No Competitions)	
Junior Member (8-18 yrs old)	
Social Member (non-playing)	

Please note, fees are charged at the prevailing rates published in the Clubhouse and on our Website (www.apollobaygolfclub.org.au). Note, if you are joining part way through the Season, limited pro-rata rates will apply, and the Secretary will automatically apply the pro-rata rates in the invoice. Insurance is included FOR ALL PLAYING MEMBERS.

In the event of my admission as a member, I agree to be bound by the Rules of the Club. I further agree to my data being stored securely in the Club's database, and to receive appropriate periodic communications from the Club (note, the data is not passed onto any third parties under any circumstances).

Date20..... Signature of Nominee

In support of my application, I offer the following information:

Postal Address:	P/Code:
Mobile Phone Number:	
Email Address:	
Occupation	Date of Birth: / /
Membership of other Golf Clubs (if any)	
Handicap (if you have one)	

We,	and
(Name of Proposer)	(Name of Seconder)
Being members of the Apollo Bay Golf Club Inc. hereby propose and second the Nominee for the membership of the Club.	Dated: / /20
Signature of Proposer:	Signature of Seconder:

Please do not send any money with this application. In the event that your application is successful, you will be notified by email, and an invoice will be sent to you.