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MEMBERSHIP APPLICATION FORM

I,...(BLOCK LETTERS).....

Hereby apply to become a Member of Kyabram Parkland Golf Club Incorporated. If admitted, I agree to observe the Rules and By-Laws which may, from time to time, be in force.

PERSONAL DETAILS:

OCCUPATION :DATE OF BIRTH :

POSTAL ADDRESS : POST CODE :

EMAIL ADDRESS :

TELEPHONE NO : MOBILE NO :

CURRENT CLUB HANDICAP : CURRENT GOLFLINK NUMBER :.....

TRANSFER HANDICAP TO PARKLAND : YES/NO SIGNATURE OF APPLICANT :

NOMINATED BY : SECONDED BY :

DATE OF APPLICANT :

MEMBERSHIP FEES :

ORDINARY MEMBER \$150.00

SUMMER MEMBER \$100.00

SUPER VETERANS (OVER 80) \$120.00

JOINING FEE FOR THE ABOVE \$20.00

SOCIAL MEMBER (NON PLAYING) \$20.00

*JUNIOR MEMBER (UNDER 18) \$65.00

*SUMMER JUNIOR MEMBER \$40-00

*SOCIAL JUNIOR (UNDER 10) \$20-00

*NO JOINING FEE PAYABLE

MEMBERSHIP PERIOD

FROM 1st OCTOBER 2019 TO

31st DECEMBER 2020

ORDINARY MEMBERS \$150.00

SOCIAL MEMBERS \$20.00

JUNIOR MEMBERS \$65.00

MEMBERSHIP FEE \$ _____

JOINING FEE \$ _____

TOTAL PAYABLE \$ _____

DIRECT DEBIT PAYMENT FOR MEMBERSHIPS NOW AVAILABLE
BSB: 633 108
ACCOUNT NO: 155053986

THIS FORM SHOULD BE HANDED TO THE SECRETARY BY THE PROPOSED. IF THE OFFICE IS UNATTENDED PLACE APPLICATION FORM IN AN ENVELOPE ALONG WITH THE REQUIRED FEE AND PUT IN GREEN FEE BOX.

Note : Application for membership will be posted in the Clubrooms for 14 days before going before the Committee for approval or rejection. On the election of a new member the Secretary shall notify the same to him or her in writing. _____

OFFICE USE ONLY

DATE FEES PAID : AMOUNT PAID :.....

RECEIPT NUMBER : MEMBERS DRAW NUMBER :

TREASURER : PARKLAND GOLF LINK NUMBER :.....