

Date Received:/..../.....

EASTWOOD GOLF CLUB – APPLICATION FOR MEMBERSHIP

I wish to apply for membership at Eastwood Golf Club

Title: (Mr , Mrs , Miss , Ms)

Surname:

Given Names:

Private Postal Address:.....

.....

.....Post Code.....

Telephone: (AH).....(BH).....

Facsimile: (AH).....(BH).....

Mobile:..... Date of birth: / /

Email Address:

Occupation: Position Held:

Employer's Name:

If Self Employed – Name of Business:

.....

CATEGORY OF MEMBERSHIP (indicate with a tick)

ORDINARY (7 Day) JUNIOR (Up to 20 years) (6 Day)

INTERMEDIATE (6 Day) BOWLS CORPORATE

WEEKDAY (5 Day) SOCIAL

OFFICE USE ONLY

Computer Search Name:

Receipt Number:Member number:

Membership Category:

Date of Input: / / Initial:

PREVIOUS CLUB MEMBERSHIP

Name of Club:

Address:

Period of Membership:to.....

If a Golf Club, current Handicap:

Golf Link Number :

Do you wish Eastwood to be your Home Club :

If a Bowls/ Bowling Club:

Are you an Accredited Umpire:

Are you an Accredited Coach:

What position do you play?

Are you a new bowler?.....

Are you suspended from another Bowls Club?.....

PROPOSED BY:

(MEMBER'S SIGNATURE).....

Print Proposing member's Name:

Endorsement:

.....

.....

SECONDED BY:

(MEMBER'S SIGNATURE)

Print Seconding Member's Name :

DECLARATION BY APPLICANT

I hereby elect to be a member of Eastwood Golf Club, Incorporated and be bound by the Constitution, Rules and By Laws and any amendments thereto.

I am fully aware of the financial obligation involved.

I hereby declare that the information given on this application is true and correct.

Applicant's signature

Date of Application:

How did you hear about Eastwood Golf Club:

Advertisement :..... Website:

Current Member: Club Signage :

Other : (please list)

EASTWOOD GOLF CLUB

LIVERPOOL ROAD, KILSYTH 3137

TELEPHONE: 9728 2944

FACSIMILE: 9728 2889

Web Address: www.eastwoodgolf.com.au

Email Address: admin@eastwoodgolf.com.au



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