



## APPLICATION FOR MEMBERSHIP



TITLE	SURNAME	GIVEN NAME (S)	PREFERRED NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	SUBURB	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

MOBILE NUMBER	HOME NUMBER	WORK NUMBER	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS	ALLERGIES/MEDICAL CONDITIONS
<input type="text"/>	<input type="text"/>

OCCUPATION	SELF-EMPLOYED (Y/N)	EMPLOYERS NAME/BUSINESS NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you be interested in future sponsorship to support Eastwood Golf Club & promote your business?  Yes  No

EMERGENCY CONTACT NAME	RELATIONSHIP	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

### CATEGORY OF MEMBERSHIP

- |   |  |  |                                    |
|---|--|--|------------------------------------|
| <input type="checkbox"/> 7 day (Full Member)* | <input type="checkbox"/> 6 day (Sun - Fri) | <input type="checkbox"/> 5 day (Mon - Fri)     | <input type="checkbox"/> Lifestyle |
| <input type="checkbox"/> Junior (Under 18yr)* | <input type="checkbox"/> Country^          | <input type="checkbox"/> Womens Welcome to EGC | <input type="checkbox"/> Social    |

\* Proof of Age required to allocate correct Membership fee/applicable discount for young members under 33yrs of age

^ Residential address must be greater than 80km from Eastwood Golf Club to qualify

### PREVIOUS/OTHER GOLF CLUB MEMBERSHIP (IF APPLICABLE)

CLUB	HANDICAP	GOLF LINK NUMBER	YEARS MEMBERSHIP HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want Eastwood Golf Club to be your home club for handicapping purposes?  Yes  No

### Eastwood Golf Club

Liverpool Road, Kilsyth South VIC 3137

[admin@eastwoodgolf.com.au](mailto:admin@eastwoodgolf.com.au)

(03) 9728 2944



How did you initially find out about Eastwood Golf Club?

- Current Member
- Previous Member
- Friend/Family
- Local to area
- Internet/Google search
- Social Media (eg Facebook)
- Advertisement
- Other

In accordance with the Club's constitution we respectively nominate the applicant for the application of membership to Eastwood Golf Club.

PROPOSED BY*:	CONTACT NUMBER	MEMBERS SIGNATURE	DATE
SECONDED BY*:	CONTACT NUMBER	MEMBERS SIGNATURE	DATE

\* To comply with our Constitution both Proposer and/or Seconder may be contacted to ascertain suitability of the applicant/any further information.

DECLARATION OF APPLICANT

I hereby elect to be a member of Eastwood Golf Club, a company limited by guarantee and confirm that all information given in this application is true and correct.

I understand that this application for membership is subject to acceptance by the Board of Directors and that the Board is not bound to accept the application nor required to give any reason or consultation for non-acceptance.

I agree to abide by and be bound by the Club's Constitution, Rules and By Laws in force and any future amendments thereto.

I am fully aware of the financial obligation involved and that membership rights do not apply until all required payments are made.

I understand that if my personal details change I must notify the club immediately.

I accept that my contact details (name, phone and/or email) will be visible in the members directory (via members portal) for staff or members to contact as required (\*\* If you do not consent to your details being published in the club directory, please select box  \*\*)

APPLICANT'S FULL NAME	SIGNATURE (APPLICANT)	DATE
PARENT/GUARDIAN'S FULL NAME (FOR PERSONS UNDER THE AGE OF 18)	SIGNATURE (PARENT/GUARDIAN)	DATE

To submit your application please return your completed form to -

Email: [admin@eastwoodgolf.com.au](mailto:admin@eastwoodgolf.com.au)

In Person:

Office hours 9.00am to 5.00pm (Monday to Friday)  
Pro-Shop hours 7.00am to 5.30pm

OFFICE USE ONLY

Computer Search Name:	_____	<input type="checkbox"/> Micropower
Receipt Number:	_____	<input type="checkbox"/> MiClub
Membership Category:	_____	<input type="checkbox"/> Golfink
Membership Number:	_____	<input type="checkbox"/> Email
Date Received:	_____	<input type="checkbox"/> Induction
Date of Input:	_____	STAFF INITIAL: _____

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