

(*) Denotes mandatory field				
TITLE *	SURNAME *	GIVEN NAME (S) *	PREFERRED NAME	
ADDRESS *		SUBURB *	POSTCODE *	
MOBILE NUMBER *	EMAIL ADDRESS *		DATE OF BIRTH *	
OCCUPATION	SELF-EMPLOYED (Y/N)	EMPLOYERS NAME/BUSINESS NAME		
Would you be interested in future sponsorship to support Eastwood Golf Club & promote your business? * Yes No				
EMERGENCY CONTACT NAME *		RELATIONSHIP *	CONTACT NUMBER *	
How did you initially find out about Ea	stwood Golf & Bowls Club? *			
☐ Current Member	☐ Previous Member	☐ Friend/Family	☐ Local to area	
☐ Internet/Google search	☐ Social Media (eg Facebook)	□ Advertisement	□ Other	
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 \square **)

APPLICANT'S FULL NAME * SIGNATURE (APPLICANT) * DATE *

To submit your application please return your completed form to -

Email: admin@eastwoodgolf.com.au In Person: Office hours 9.00am to 5.00pm (Monday to Friday)

Pro-Shop hours 7.00am to 5.30pm

Eastwood Golf Club Liverpool Road, Kilsyth South VIC 3137 admin@eastwoodgolf.com.au (03) 9728 2944



	OFFICE USE ONLY	
Computer Search Name:		☐ Membership
Receipt Number:		☐ Bowls Secretary
Membership Category:		Email
Membership Number:		☐ Member Tag
Date Received:		
Date of Input:		STAFF INITIAL: