

APPLICATION FOR MEMBERSHIP

ABN: 21 323 087 643 Registration No: A 0009785 U
(affiliated with G.V and SWGA)



DATE: ____/____/____

I hereby apply for admission to membership of the Queens Park Golf Club Inc.
and in support of my application I supply the following particulars:

FULL NAME: _____ Miss Mrs Ms Mr Dr
(Please print)

PREFERRED NAME: _____ OCCUPATION: _____

ADDRESS: _____

_____ POST CODE: _____

EMAIL (please print): _____

PHONE: _____ GOLF LINK No. (if applicable) _____ GENDER: Male Female

I am at present or I have been a member of the _____ Golf Club,
where my handicap is / was _____ and is current or; lapsed

N.B. If intending to transfer handicap to Queens Park, please arrange for your current handicapper to forward handicap details.

My Home Club will be _____

Have you been refused membership of a club? Yes No if YES please state name of Club and full details below (or attach)

WHO DO WE CONTACT IN CASE OF EMERGENCY?

NAME: _____ RELATIONSHIP: _____

PHONE(S): _____ EMAIL: _____

*If the applicant is under 18 please ensure that the emergency contact details supplied above are for a parent or guardian.
Emergency contact's email is only required if a parent/guardian wishes to be cc'd on emails from the club to a junior member.*

I HEREBY CERTIFY that the above information is true and correct in every particular. I am an Amateur as defined by the Royal and Ancient Club of St. Andrews, and I undertake if elected to be bound by the Rules and By-Laws of Queens Park Golf Club Inc. and Articles of Association and By-Laws of Golf Victoria.

Application must be proposed, seconded and signed by two current members of Queens Park Golf Club Inc.

SIGNED (Applicant) _____ DATE OF BIRTH (required if under 18): ____/____/____

SIGNED (by Parent/Guardian if applicant is under 18): _____ (Print Name) _____

PROPOSED BY _____ SIGNED _____

SECONDED BY _____ SIGNED _____