

TRAFALGAR GOLF CLUB Inc.

PO Box 123 TRAFALGAR VIC 3824

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ABN: 36 331 637 449

MEMBERSHIP APPLICATION

I desire to become a(member)* of the Trafalgar Golf Club and I hereby agree if elected to be bound by the constitution and by-laws of the Club

(Mr / Mrs / Ms / Miss / Mast / Dr / Other).....

First Name.....(Known as)

Surname Middle Initials

Home Address

Town / Locality Postcode

Postal Address (if different to above).....

Phone: Home Business Mobile

E-Mail

Occupation

Left/Right Handed Date of Birth /..... /.....

Home Club for Handicapping **if not** Trafalgar

Golfink Number for Handicapping **if not** Trafalgar

Signed

The above applicant is personally known to us and we believe him/her to be a suitable person to be elected a Member of the Trafalgar Golf Club.

Proposer /please print name.....

Seconder / please print name

A Nomination Fee of \$40 for new members other than Juniors and non-playing members Must accompany this form

* Full Member, Country Member, Pensioner Member, Junior Member, Student Junior Member Working Junior Member, Seniors 9 hole Member, 6 mth Member, Beginner, Non-Playing