



**DEVILBEND
GOLF CLUB
INCORPORATED**

**MEMBERSHIP
APPLICATION
FORM**

.....
APPLICANTS NAME

**DEVILBEND
GOLF CLUB
INCORPORATED**

**Loders Road,
Moorooduc
Victoria 3933**

**Phone
(03) 5978 8470**

**Shop
(03) 5978 8405
Clubhouse**

**email
tim@devilbendgolf.com.au**

**website
www.devilbendgolf.com.au**

**Facsimile
(03) 5978 8454**

ABN 17 938 166 434

APPLICATION FOR MEMBERSHIP

(USE BLOCK LETTERS)

Name _____

Address _____

Occupation _____

Contact Phone _____

Mobile _____

Business _____

Email _____

Date of Birth _____

CLASSIFICATION

Full 7 day _____ Junior 12 - 15 (as of 1 January) _____

Intermediate 6 day exclude Saturday _____ Junior 16 - 18 (as of 1 January) _____

Pay as you play _____ Under 25 _____

Previous Golfing or Sporting Club Membership _____

Club _____ Duration _____

Golflink No. _____

Reason for Leaving _____

Club _____ Duration _____

Reason for Leaving _____

Have you ever been refused membership or deprived membership of any golf club or sporting club?

Yes / No

PROPOSER

Name _____

Address _____

Contact Phone _____

Membership number _____

SECONDER

Name _____

Address _____

Contact Phone _____

Membership number _____

OR

REFERENCES

Persons or contacts we can speak to regarding your application

Name _____ Contact number _____

Relationship to applicant _____

Name _____ Contact number _____

Relationship to applicant _____

CLUB USE ONLY

ISSUED BY.....

DATE.....

DATE RECEIVED	PAYMENTS	COMMENTS	HANDICAP
	\$		Current _____
	Including Subs \$ _____ Joining \$ _____		Club _____ New _____ Golfer _____ YES / NO

CONDITIONS

- (1) All details and histories must be true and detailed.
- (2) Club reserves the right to accept or reject any application.
- (3) Application must be displayed on the notice board for the statutory amount of days.
- (4) All new members must attend a new member introduction meeting at a time set by the committee at the club house or be interviewed by a committee person.
- (5) Pro rata rates may apply at the discretion of the committee.
- (6) Applications form should be completed and returned to the club within 14 days.

Date _____

Applicant
Signed _____

PRIVACY ACT

Devilbend Golf Club Incorporated, comply with the privacy act legislation. We will retain all details on this application form within the club. We will only provide the necessary information to the AGU-Golfink Handicapping system to enable your golf handicap system to be established. Your name and phone number will also be published to members via our syllabus. No other organisation or individual will have access to your records.

Committee
DBGC