STRATHALLAN GOLF CLUB Inc.

100 MAIN DRIVE BUNDOORA, VIC 3083
Phone : (03) 9457 4734

ABN 23 065 514 537

Email: strathallangolf@bigpond.com

APPLICATION for MEMBERSHIP

Date Lodged: _____

Application No.:(Use next number from Register)

I apply for membership of the Strathallan Golf Club Inc. under the following category –

☐ FULL MEMBER

☐ SENIOR MEMBER (60+ YEARS)

☐ UNDER 23 YEAR OLD (previously full time student).

☐ JUNIOR (UNDER 18 YEAR OLD) MEMBER

☐ TRANSITIONAL MEMBER (MAX. 5 COMPETETIVE GAMES PER YEAR)

If my membership application is approved, I agree to be bound by the constitution and by-laws of the Club. Junior members must seek and gain Match Committee approval before playing in any Club competition.

Name: _____

Address: _____

Suburb: _____ Postcode: _____ Home Phone: _____

Mobile: _____ Email: _____

Occupation: _____Date of Birth_____

Signature of Applicant: _____

Previous Golf link Number. (if applicable)_____

Authorized by: _____

Office Staff please note: Mobile number, date of birth and an email address are essential.