



Ocean Grove Golf Club Inc.
 9 Guthridge Street (P O Box 1)
 OCEAN GROVE 3226
 Phone: (03) 5256 2795
 Email: info@oceangrovecg.com.au

MEMBERSHIP APPLICATION FORM

Applicant Details

Surname: _____ Given names: _____ Mr Mrs Ms

Street Address: _____

Suburb: _____ Post Code: _____

Phone No.: (____) _____ Mobile No.: _____

Email: _____

Do you wish your phone number to be included in the Fixture Book? YES NO

Date of birth: ____/____/____ Gender: M F Occupation: _____

Type of Membership – Please tick appropriate box

Full Member Social Student (19-25) Junior (14-18) Junior (13 & U)

Note: If you are currently, or have previously been, a member of another affiliated Golf Club, please state the Club, your Golflink number if applicable and your latest handicap.

Club: _____ Golflink number: _____

Previous Handicap: _____ Year/approximate year: _____

Do you wish to make Ocean Grove your Home Club? Yes No

Emergency Contact: _____ Relationship: _____ Contact No.: _____

Declarations

In signing this Application, I hereby agree to be bound by the rules of the Incorporated Association, Ocean Grove Golf Club Inc. (herein after referred to as 'the Club').

Applicant Signature: _____ Date: ____/____/____:

Proposed Affirmation:	Seconder Affirmation:
I _____	I _____
being a full financial member of this Club	being a full financial member of this Club second the
nominate the Applicant, who is known to me for the membership of this Club.	nomination of the Applicant, who is known to me, for membership of this Club.
Signature: _____ Date: __/__/__	Signature: _____ Date: __/__/__

For action: M/ship Manager: Secretary: Committee: Handicapper:

Filing: Date processed: ____/____/____ Member No. _____

Note 1: Personal details provided to the Club as part of this Application will be dealt with in accordance with Victorian Privacy Law.

Note 2: Under Victorian Antidiscrimination Law response to these questions is optional and the information if provided will only be used in managing your membership and will not affect the acceptance of nomination to membership of the Club.

Note 3: Applicant understands that this Application Form will be displayed on Club membership notice board for a period of 7 days to allow scrutiny by members and final acceptance/rejection of this Application will be confirmed at the next scheduled meeting of the Club Committee of Management t.

Note 4: Applicant will be issued with Provisional membership on payment of fees and processing of this Application Form by Membership Manager. This Provisional membership is subject to acceptance of the Application by Committee of Management at the next schedule meeting. On acceptance Provisional membership will automatically transfer to the appropriate membership category.

NOTE: For this Application to proceed, the Subscription fee must be paid on the day Application is submitted.

STUDENT APPLICATIONS: _____ Please attach a copy of your current student card

PAYMENT OPTIONS

DIRECT DEPOSIT:

Account Name: Ocean Grove Golf Club
Bank: Bendigo Bank
BSB: 633000
Account No: 146712997
Description: Your Surname
Email Receipt: info@oceangrovecg.com.au

CREDIT CARD DETAILS (Mastercard or Visa cards only)

Name on Credit Card: _____

Credit Card No: _____

Expiry Date: ____/____

CCV No: _____