



# MEMBERSHIP APPLICATION FORM

Ocean Grove Golf Club Inc.  
9 Guthridge Street

OCEAN GROVE 3226

Phone: (03) 5256 2795

Email: [info@oceangrovecg.com.au](mailto:info@oceangrovecg.com.au)

## Applicants Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Mr Mrs Ms

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## Membership Category – Please tick appropriate box

### GOLFING CATEGORIES

Full Member (31-80):  Veteran (81+):  Intermediate (26-30):

Sub Intermediate (19-25):  Junior (14-18):  Cadet (13 & Under):

Special Women's Introductory Beginner:

### NON-GOLFING CATEGORY

Social

Are you currently, or have you previously been, a member of another Affiliated Golf Club? YES  NO

If YES, please confirm the Club, your Golfink number (if applicable), your latest handicap and year.

Club: \_\_\_\_\_ Golfink No.: \_\_\_\_\_ Previous Handicap: \_\_\_\_\_ Year \_\_\_\_\_

Do you wish to make the Ocean Grove Golf Club your Home Club? YES  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").

Applicants Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

As a full financial member of the Club, I herewith confirm that the above applicant is known to me, and I support the nomination as a Member of the Ocean Grove Golf Club.

Proposer's Name:

Seconder's Name:

Signature:

Date:

Signature:

Date:

For action: Membership Manager:  Committee:  Handicapper:

Date Processed: \_\_\_\_\_ Member No: \_\_\_\_\_ Filed:

## Terms & Conditions

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 may 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.

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 (see Note:3) 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 or Deposit must be paid on the day the Application is submitted.**



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### 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](mailto:info@oceangrovecg.com.au)

Or

CREDIT CARD: (Mastercard or Visa cards only)

Name on Credit Card: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

CCV No: \_\_\_\_\_

Or

MONTHLY DIRECT DEBIT (PAYRIX):

Name of Account: \_\_\_\_\_

BSB No: \_\_\_\_\_

Account No: \_\_\_\_\_