

# Application for Membership of the Drouin Golf & Country Club Incorporated.

## Applicant:

I,..... Title: Mr / Mrs / Ms / Miss / Dr / Other

Address.....

Town / Suburb.....Postcode.....

desire to become a (Category)..... Member of the Drouin Golf & Country Club Incorporated. In the event of my admission as a member, I agree to be bound by the Rules of the Club for the time being in force.

Signature of Applicant:.....Date.....

**Proposer** I.....a member of the Club,  
nominate the applicant, who is personally known to me, for membership of the Club.

Signature of Proposer.....Date.....

**Seconder** I.....a member of the Club, second the  
nomination of the applicant, who is personally known to me, for membership of the Club.

Signature of Seconder.....Date.....

## Applicant:

Telephone Home.....Business.....

Fax.....Mobile.....

Email address.....

Date of Birth.....Occupation (optional).....

Left / Right Handed.....Previous Golf Clubs.....

Handicap, Current.....Golf Link no.....Previous ..... When.....

Please Make Drouin My Home Club For Handicapping **YES / NO**. If NO, list your Home Club.....

## Emergency Family Contact Information:

Name (Print First and Surname).....

Relationship (I.e. Wife, Son, Friend).....

Phone Number (For emergency contact).....

## Notices to Members:

On being accepted as a member, I authorise the Secretary of the Club to send me Club Notices to the above email address:

Signature of Applicant.....Date.....

**NOTE All membership applications must be accompanied by payment of applicable fee  
Cheques should be made payable to Drouin Golf & Country Club  
EFTPOS and Credit Card payments can be made at the Clubhouse**



ABN 95 404 847 679  
Princes Way Drouin - PO Box 179 Drouin VIC 3818  
P (03) 5625 1330 F (03) 5625 3648 E dgcc@dcsi.net.au W drouingolf.com.au

Date
Paid amount:
\$
Rec.
Office Use