



Date _____	
Paid amount \$ _____	Rec. _____
Office use	

APPLICATION FOR MEMBERSHIP OF THE DROUIN GOLF COUNTRY CLUB

I apply to become a Member of the Drouin Golf & Country Club incorporated and I hereby agree, if elected, to be bound by the Rules and By-Laws of the Club.

Category of Membership sought.....

The following particulars are correct:-

Full name of candidate.....Title: Mr / Mrs / Ms / Miss

Address.....

Postcode.....Telephone Numbers.....<Home.....<work

Email address.....

If a Junior, Date of Birth...../...../.....Profession/Occupation.....

Previous Golf Clubs.....

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

Signature of Candidate.....

The above Candidate is personally known to us, and we believe him/her to be a desirable person to be elected a Member of the Drouin Golf & Country Club Inc.

Name of Proposer.....
(Block Letters)

Signature.....

Name of Seconder
(Block Letters)

Signature.....

NOTE: All Membership Applications must be accompanied by FULL payment of Annual Subscription

- * **Cheques should be made payable to Drouin Golf & Country Club**
- * **EFTPOS and Credit Card payments can be made at the Clubhouse**

Drouin Golf & Country Club

ABN 95 404 847 679

Princes Way Drouin - PO Box 179 Drouin VIC 3818

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