

Ocean Grove Golf Club Inc. A0008883M 9 Guthridge St (P.O. Box 1), Ocean Grove, VICTORIA, 3226 Ph: (03) 5256 2795

Membership Application Form

Email info@oceangrovegc.com.au

Applicant Details	
Surname: Given Nam	les:
Street Address:	
Suburb: Post Code: State:	
Phone: () Mobile: Mobile:	
Email:	
Do you wish your phone number to be inserted in the Fixture Book? Yes □ No □	
Occupation*: Date of Birth	*: / Gender*: M □ F □
Type of Membership: (Please tick)	
Full (Ordinary) / Social / Student (U 25) / Junior (18 & U) / Junior (14 & U) / Note: If you are currently, or have previously been, a member of another affiliated golf club, please state the club, your Golf Link number if applicable, and your latest handicap. Club: Golf Link number:	
Previous Handicap Year/approx year	
Do you wish to make Ocean Grove your Home Clu	b? 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'.)	
Applicant Cianatura	
Applicant Signature.	Date: / /
Proposed Affirmation :	Seconder Affirmation:
Proposed Affirmation: I, being a full financial member of this Club nominate the applicant, who is personally known to me, for membership of this Club.	Seconder Affirmation: I
Proposed Affirmation: I	Seconder Affirmation: I

Note:

For this application to proceed, the Subscription must be paid when the application is submitted