



MEMBERSHIP APPLICATION FORM

Ocean Grove Golf Club Inc.
9 Guthridge Street

OCEAN GROVE 3226

Phone: (03) 5256 2795

Email: info@oceangrovegc.com.au

Applicants Details

Surname: _____ Given Names: _____ Mr Mrs Ms N/A

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

Full Member:	<input type="checkbox"/>	Intermediate (26-30):	<input type="checkbox"/>	Sub-Intermediate (19-25):	<input type="checkbox"/>
Junior (14-18):	<input type="checkbox"/>	Cadet (Under 14):	<input type="checkbox"/>	Introductory Beginner:	<input type="checkbox"/>
Social:	<input type="checkbox"/>				

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

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

Club: _____ Golflink 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: <input type="checkbox"/>	Committee: <input type="checkbox"/>	Handicapper: <input type="checkbox"/>
	Date Processed:	Member No:	Filed: <input type="checkbox"/>

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 may be confirmed at the next scheduled meeting of the Club Committee of Management.
- Note 4: Applicant may 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

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: _____