



EASTERN SWARD GOLF CLUB INC.

P.O. BOX 701, PATTERSON LAKES 3197

Location: Cnr. Thompson and Worsley Rd.

Bangholme Victoria 3175

PHONE No. and FAX - 9775 0363

ABN: 52 974 355 361

AFFIL: VGL, WGV

PROPOSAL FOR MEMBERSHIP

7 - DAY MEMBERSHIP			JUNIOR (MALE)	
6 - DAY MEMBERSHIP			JUNIOR (FEMALE)	
5 - DAY MEMBERSHIP			OTHER	

PLEASE TICK APPROPRIATE BOX ABOVE

NAME IN FULL (BLOCK LETTERS) SURNAME OTHER NAMES

ADDRESS Post Code

Home Phone No..... Work Phone Number

Date of Birth Occupation

1. Are you a Member of any other Golf Club ? (Give Details)
2. Do you have a registered VGA handicap ? If "YES" state what it is AND PROVIDE A H/CAP CARD from your other GOLF CLUB. If "NO" then enclose 3 SCORE CARDS Played at the Eastern Sward Golf Club and SIGNED by a Playing Member of a registered Golf Club in order to obtain a TEMPORARY " CLUB " HANDICAP.
3. How long have you been playing golf ?..... Years ; WHERE ?

I hereby declare that the information given above is correct and thus agree, if elected a Member, to comply with the Rules and By-Laws of this Club. I also understand that Recycled Water, which is not suitable for drinking, is used on this Course .

SIGNATURE of APPLICANT :

DATE :

PROPOSER : (BLOCK LETTERS)

Signature :

SECONDER : (BLOCK LETTERS)

Signature :

THE COMPULSORY INDUCTION MEETING WILL BE HELD ON ata.m. / p.m.

<u>OFFICE USE ONLY</u>	MEM FEE	\$	(including GST, PIP,VGL or WGA)
PASSED	ENTRY FEE	\$	(plus \$ 33 Gate Card Charge)
REC. NO.	TOTAL DUE	\$	
CARD NO.	AMOUNT PAID	\$	BALANCE DUE \$