

PORT FAIRY GOLF CLUB Inc A7609

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APPLICATION FOR MEMBERSHIP 2021

I wish to join the Port Fairy Golf Club Inc and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Constitution of the Club. Your Membership Application will need to be approved by the General Committee at their next meeting

Please note <u>all fields</u> are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

(Mr / Mrs / Ms / Miss / Dr / Other) .	
First Namel	Middle InitialSurname
Home Address	
Suburb	Postcode
Postal Address	
Suburb	Postcode
Phone: Home Busine	ess Mobile
E-Mail	Occupation
Left/Right-Handed	Date of Birth / /
Previous/Other Golf Club	Golflink NoHcp
DO YOU WANT PORT FAIRY	TO BECOME YOUR HOME CLUB? YES / NO
Proposer's Name	Signature
Member No:	
Seconder's Name	Signature
Member No:	
Emergency Family Contact Information	ation:
Name (Print First and Surname)	
Relationship (i.e. Wife, Son, Friend	d)
Phone Number (for emergency co	ntact)
Applicants Signature	Date//
MEMBERSHIP TYPE	Annual Fee (Please Circle)
Ordinary - Full Membership	\$695.00
Country - over 40km of the club	\$560.00
Senior - 75+ (Conditions Apply)	\$475.00 \(\sigma_{\text{cor}}\)
Restricted – 7 competition Games P Intermediate – U25 years	/Year \$475.00 \$475.00
Junior – U18 years	\$ 60.00

If Clarification is needed in relation to the type of Membership please contact the Operations Manager – Memberships are from 1st December to 30th November.

^{**}You or your child may be photographed at club events including training, matches, or social event. Care will be taken to not identify children by both first and last names. If you do not wish for your child's image to be published, please let the committee know in writing.