



PORT FAIRY GOLF CLUB Inc A7609

PO Box 88, PORT FAIRY VIC 3284

Ph: 03 5568 1654 Fax: 03 5568 2866

Email: info@portfairygolf.com.au

Web: www.portfairygolf.com.au

2019- APPLICATION FOR MEMBERSHIP

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 all fields 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 Name Middle Initial Surname

Home Address

Suburb Postcode

Postal Address

Suburb Postcode

Phone: **Home**..... **Business**..... **Mobile**.....

E-Mail..... **Occupation**

Left/Right Handed **Date of Birth** __ / __ / ____

Previous/Other Golf Club..... **Golflink No**..... **Hcp**....

DO YOU WANT PORT FAIRY TO BECOME YOUR HOME CLUB? YES / NO

Proposer's Name..... Signature.....

Secunder's Name..... Signature.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

Applicants Signature.....Date __ / __ / ____

MEMBERSHIP TYPE

Annual Fee (Please Circle)

Ordinary – Full Membership

\$680.00

Country - over 40km of the club

\$520.00

Senior - 75+ (Conditions Apply)

\$450.00

Restricted – 7 competition Games P/Year

\$450.00

Intermediate – U25 years

\$450.00

Junior– U18 years

\$ 60.00

If Clarification is needed in relation to the type of Membership please contact the Operations Manager –

****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.**