



PORT FAIRY GOLF CLUB Inc A7609

PO Box 88, PORT FAIRY VIC 3284
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Email: info@portfairygolf.com.au
Web: www.portfairygolf.com.au

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.

Signature..... Date __/__/_____

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 / Mast / Dr / Other)

First Name Middle Initial Surname

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Phone: Home..... Business..... Fax..... Mobile.....

E-Mail..... Occupation(optional).....

Left/Right Handed Date of Birth __/__/_____

Previous/Other Golf Club Golfink No.....

DO YOU WANT PORT FAIRY TO BECOME YOUR **HOME CLUB**? Yes / No

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

Seconder's Name..... Signature.....

Emergency Family Contact Information:

Name (Print First and Surname)

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

Phone Number (for emergency contact)

MEMBERSHIP TYPE Fee

Ordinary - within 40km of the club	\$385.00	-----
Country - over 40km of the club	\$310.00	-----
Senior - 75+	\$200.00	-----
Intermediate - 18-25 years	\$175.00	-----
Junior - under 18	\$ 60.00	-----
Junior - under 18 outside 40 km	\$ 75.00	-----
Junior - under 14	\$ 38.00	-----

Nomination Fee *Temporarily waived*

Fees can be paid with Cash / Cheque / Credit Card / Direct Debit

OFFICE USE ONLY

Received __/__/_____ Approved __/__/_____ Entered