

Reg. No. A0001831N

ABN: 43 003 494 250

APPLICATION FOR MEMBERSHIP

I, (Please print FULL NAME of Nominee)		
Desire to become a member of ABGC Inc. in	the following category:	
CATEGORY OF MEMBERSHIP		Tick one box below
Ordinary (Full) Member		
Country Member (live 30kms from ABGC C	Clubhouse)	
Junior Member (8-18 yrs old)		
Social Member (non-playing)		
Please note, fees are charged at the prevailing rates p (www.apollobaygolfclub.org.au). Note: if you are joining Membership Secretary will automatically apply the pro-FINANCIAL PLAYING MEMBERS. In the event of my admission as a member, I agree to agree to my data being stored securely in the Club's days.	g part way through the season, lin-rata rates in the invoice. Insuran- be bound by the Constitution and	nited pro-rata rates apply; the ce is included for <u>ALL</u> Rules of the Club. I further
provision of services to support golf at ABGC and to receive appropriate periodic communications from the club.		
Date:/20 Signature of Nominee:		
In support of my application, I offer the following	ing information:	
Postal Address:		P/Code:
Mobile Phone Number:		J
Email Address:		
Occupation	Date of Birth:	/ /
Membership of other Golf Clubs (if any)	i	
Golf Link No. (if you have one)		
We, and		
(Name of Proposer – enter unknown if no proposer)	(Name of Seconder– enter unkr	nown if no seconder)
Being members of the Apollo Bay Golf Club In Nominee for the membership of the Club.	nc. we hereby propose and	second the
Proposer Signature:	Seconder Signature:	
Dated://20	Dated:/20	

Please do not send any money with this application.

Email: membership@apollobaygolfclub.org.au

In the event that your application is successful, you will be notified by email, and an invoice will be sent to you.

P.O. Box 9 Apollo Bay 3233