

# APOLLO BAY GOLF CLUB Inc.

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 Clubhouse)	
Junior Member (8-18 yrs old)	
Social Member (non-playing)	

Please note, fees are charged at the prevailing rates published at the Clubhouse and on our Website ([www.apollobaygolfclub.org.au](http://www.apollobaygolfclub.org.au)). Note: if you are joining part way through the season, limited pro-rata rates apply; the Membership Secretary will automatically apply the pro-rata rates in the invoice. Insurance is included for ALL PLAYING MEMBERS.

In the event of my admission as a member, I agree to be bound by the Rules of the Club. I further agree to my data being stored securely in the Club's database, for the club to use my personal information for the 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 information:

Postal Address:	P/Code:
Mobile Phone Number:	
Email Address:	
Occupation	Date of Birth:        /        /
Membership of other Golf Clubs (if any)	
Golf Link No. (if you have one)	
We,	and
(Name of Proposer)	(Name of Seconder)
Being members of the Apollo Bay Golf Club Inc. we hereby propose and second the Nominee for the membership of the Club.	
Proposer Signature:	Seconder Signature:
Dated: ...../.../20.....	Dated: ...../.../20.....

Please do not send any money with this application.

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

Email: [membership@apollobaygolfclub.org.au](mailto:membership@apollobaygolfclub.org.au)