

## PHILLIP ISLAND GOLF CLUB MEMBERSHIP APPLICATION

COINES			Date:	
Title: Mr / Ms / Miss / Mrs / D	Or / Other Surname:			
Given Name:		Known As:		
Postal Address:				
Home Phone:				
Occupation:				
Emergency Contact Name:				
Email:	Parent / Gu	uardian Email (if applicable)		
	GOLF	HISTORY		
Are you a current or former mer		 ] Yes □ No		
•	•	mber:		
•	be your 'Home Club' for handicap			
,		PINFORMATION		
Please choose a membership				
☐ Bronze (corporate only) ☐ Intermediate (18-23 years)	☐ 5 Day ☐ Junior (under 18 years)	☐ 6 Day ☐ Sub-Junior (under 12 years)	☐ Pay to Play (6 Day)☐ Trial (6-months)	
		t join the club in one of the membership ced on the waiting list for Full members		
	☐ Full membe	ership waiting list		
If admitted I agree to abide by	all club rules and regulations			
Signed (applicant):				
Proposer 1:		Proposer 2:		
Telephone Number:		•	Telephone Number:	
Signed:		Signed:		
		T DETAILS		
Membership Category:		<del></del>		
	TOTAL PAY	ABLE \$		
		·		
☐ Direct Debit Instalment – Enc ☐ EFT Transfer – BSB: 633 00	quire at the Club House Office. Ac 0 Account No: 13466			
Admin use only Date display	ved □ Mi∩i	ub □ Xero □ Invoice	d □ Introduction	