



PHILLIP ISLAND GOLF CLUB MEMBERSHIP APPLICATION

Date: _____

Title: Mr / Ms / Miss / Mrs / Dr / Other Surname: _____

Given Name: _____ Known As: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Occupation: _____ Date of Birth: _____

Emergency Contact Name: _____ Emergency Phone: _____

Email: _____ Parent / Guardian Email (if applicable) _____

GOLF HISTORY

Are you a current or former member of another golf club: Yes No

If yes, please list the club name and your most recent Golfink number: _____

Would you like Phillip Island to be your 'Home Club' for handicapping purposes: Yes No

MEMBERSHIP INFORMATION

Please choose a membership category:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bronze (corporate only) | <input type="checkbox"/> 5 Day | <input type="checkbox"/> 6 Day | <input type="checkbox"/> Pay to Play (6 Day) |
| <input type="checkbox"/> Intermediate (18-23 years) | <input type="checkbox"/> Junior (under 18 years) | <input type="checkbox"/> Sub-Junior (under 12 years) | <input type="checkbox"/> Trial (6-months) |

Waiting list: New members wanting Full membership must first join the club in one of the membership categories above. Please tick the box below if you would like to be placed on the waiting list for Full membership.

Full membership 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: _____

PAYMENT DETAILS

Membership Category: _____ \$ _____

TOTAL PAYABLE \$ _____

Direct Debit Instalment – Enquire at the Club House Office. Additional fees apply.

BPay online – BSB: 633 000 Account No: 134668623

Please charge my Credit Card Visa Mastercard

NOTE: Merchant Fee 1.35%

Card Number: □□□□/□□□□/□□□□/□□□□ Expiry Date: □□/□□

Cardholders Name: _____ Signature: _____