



VIRGINIA GOLF CLUB

ABN 24 009 665 614

ACN 009 665 614

Elliott Road, Banyo Qld 4014

Telephone: (07) 3267 6333 Facsimile: (07) 3267 6507

EMAIL: golf@virginiagolf.com.au



Membership/Associate Membership Application

CATEGORIES:-
Full (Ordinary)
Intermediate (18-21)
Junior (Under 18 Yrs)
Student (Full Time)

Mid Week
6 Day
Country
Sub Junior
(Under 15 Yrs)

Membership No:
(Completed by Office)

(Mr/Mrs/Miss/Ms) – Please circle whichever is applicable.

I, _____ (_____) _____
(Please Print) First Names Preferred Name Surname

Address: _____

hereby make application for _____ Membership of the Virginia Golf Club.
(Select from Categories above)

In support of my application I offer the following information:-

Date of Birth: / / Email: _____

Employer: _____

Business Address: _____

*Private Phone No: _____ Business Phone No: _____

Mobile No: _____ Occupation: _____

Details of Membership of Other Clubs:

Please Note: If you have previously been a member of a Golf Club, please let us know which Club and what your last handicap was.

Club Name	Address	Membership Status Current to/Resigned	Last Handicap (if applicable)

As I am a current member of another Golf Club I nominate _____ Golf Club to be my Home Club.

Golf Handicap (Current AGU/LGU) _____ **Existing Golfink No.** _____

The Australian Golf Union (AGU) requires the information requested above for the purposes of GOLF Link. Your personal information will only be used in accordance with the GOLF Link "Activity" and to provide you with GOLF Link services. If the requested information is not provided to the AGU you may not be able to obtain GOLF Link Services including an official Australian handicap. Should you wish, you will be able to access your personal information through the AGU upon reasonable notice.

I certify that the above information is true and correct in every particular and I acknowledge that the Committee and/or Club may at their sole and absolute discretion refrain from or refuse to elect me to Membership without assigning any reason therefore. If elected, I undertake to abide by the Rules and By-Laws of the Club.

Signature of Candidate: _____ **Date:** / /

* Please indicate if Phone No. is Silent

Office Use Only : H/Cap & Golfink No. entered into Infotel/Golfink **Date:** / /

TO BE COMPLETED BY THE PROPOSER:

How long have you known the Candidate? _____ Do you consider the candidate a fit and proper person to be elected to Membership? _____ Any other information you may consider maybe helpful: _____

Proposer's Name: _____
(Please print)

Signature of Proposer

Address: _____

Telephone: _____

TO BE COMPLETED BY THE SECONDER:

How long have you known the Candidate? _____ Do you consider the candidate a fit and proper person to be elected to Membership? _____ Any other information you may consider maybe helpful: _____

Secunder's Name: _____
(Please print)

Signature of Secunder

Address: _____

Telephone: _____

Name and Addresses of three persons from whom references may be obtained: (Please print)

1. _____
2. _____
3. _____

Completed by Membership Director

Interviewed by: _____

Entrance Fee: _____

Date: _____

Date paid: _____

Recommendation: _____

Signature: _____

Virginia Golf Club
'The Course of Champions'