To:
General Manager
Latrobe Golf Club
Farm Road
Alphington 3078

Application for Membership

I ..... wish to apply for membership of Latrobe Golf Club and agree to be bound by the constitution & By-Laws of the Club.

Date of Birth: ..... Marital Status: .....

Occupation: .....

Address: .....

Telephone: (Private) ..... (Business) .....

Mobile: ..... Email: .....

Employer: .....

Golf Handicap and Experience: .....

Current Golf Link Number: .....

Desired Membership Category: .....

Are you a member of any other Club? (If so, please list) .....

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Have you ever been refused membership of any other Clubs or failed to pay subscriptions due?

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Signature: ..... Date: .....

Proposer's Statement

(This should include how well known the Candidate is to the Proposer and how many years they have known each other. It should also include the reasons for believing that the Candidate is suitable for Membership)

Name: .....

Membership Category: ..... Years known Applicant: .....

Address: .....

Is the Applicant a member of another club? .....

Has the Applicant ever (a) been refused admission to any club? .....

(b) withdrawn an application? (If so state circumstances) .....

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Comments: .....

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Signature: ..... Date: .....

Seconder's Statement

Name: .....

Membership Category: ..... Years known Applicant: .....

Address: .....

Comments: .....

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Signature: ..... Date: .....

NOTE: The Proposer or Seconder will be required to attend the induction and are to assist with the applicant settling into the Club, correct dress and etiquette, and acquiring a handicap. If any member, with or without reason objects to this application, the application will be rejected.

Office Use Only

Joining Fee Paid: ..... Category: .....

Pro Rata Subs: ..... Date A/C Paid: .....