



# MEMBERSHIP APPLICATION

**TRAFALGAR GOLF CLUB Inc.**  
230 Gibsons Road, P.O. Box 123, Trafalgar, Victoria, 3824  
Telephone (03) 5633 1110 www.trafalgargolf.com.au  
Email: admin@trafalgargolf.com.au ABN: 36 331 637 449

TITLE .....FULL NAME.....

ADDRESS .....POSTCODE.....

POSTAL ADDRESS (if different to above).....

PHONE Mobile.....Business Hours.....Home.....

EMAIL .....

OCCUPATION .....DATE OF BIRTH.....

EMERGENCY CONTACT #1 :

Name .....Relationship..... Best contact number.....

EMERGENCY CONTACT #2:

Name.....Relationship..... Best contact number.....

PREVIOUS CLUB for Handicapping .....	I do not have a handicap <input type="checkbox"/> please tick
GOLFLINK NUMBER .....	
EXACT NAME ON GOLFLINK CARD .....	
HOME CLUB WILL BE .....	

*I hereby agree, if elected, to be bound by the Constitution and by-laws of the Club.*

Applicant Signature..... Application Date.....

If under 18 - Parent Name ..... Parent Signature.....

Current Club Member – Proposer : Name.....Signature.....

Current Club member – Seconder : Name.....Signature.....

**1. A Nomination Fee of \$200 for new members (excluding Juniors, Adult beginners & Social members) must accompany this form. The Nomination fee is non-refundable. The Nomination Fee will then be deducted from the current years Membership Fee when invoiced.**

**2. Resignation from membership of Trafalgar Golf Club MUST be in writing to The Secretary.**

Membership Categories – **Please tick one**

Full member     Country (residing more than 50km away)

6 month (other sport)                       Aged pensioner 65+

Junior under 18                                       Seniors 9 Hole

Adult beginner

Social (non playing)

Gift membership

OFFICE USE ONLY –

Date nom fee paid .....

Receipt number.....

Signed.....

Noticeboard ..... Meeting.....

Entered..... Invoiced.....

Welcome pack..... Filed.....