

APPLICATION FOR MEMBERSHIP (Please print clearly)

NAME	GOLFLINK NO
ADDRESS	LATEST HANDICAP
	I am at present/have been a member of
	Golf Club
PHONE NO	RPLGC will be my home club YES/NO
DATE OF BIRTH	
EMAIL	
I hereby declare that: the above information is true rules and bylaws of the club.	and correct and if accepted, I agree to be bound by the
SIGNED	DATE
EMERGENCY CONTACT	
NAME	RELATIONSHIP
CONTACT NO	
PROPOSERS	
We believe the above candidate is a suitable person f Club.	or acceptance as a member of the Royal Park Ladies Golf
SIGNED	SIGNED
PRINT NAME	PRINT NAME
DATE	DATE

PLEASE RETURN THIS COMPLETED FORM TO:

The Secretary

Royal Park Ladies Golf Club

Old Poplar Road

Parkville 3052

OR

Visit the Clubrooms any Tuesday after 1.00pm and give to one of the Committee members in person

FEES

Annual membership is \$100. Payment can be made into the club account

ACCOUNT NAME: RPLGC

BSB 083 202

ACCOUNT NO 505 337 805

Cash payments to the Treasurer will also be accepted.