

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	
-	e and correct and if accepted, I agree to be bound by the nt, I am agreeing that my information is available for Golf or handicapping purposes.
SIGNED	DATE
EMERGENCY CONTACT	
NAME	RELATIONSHIP
CONTACT NO	
PROPOSER	SECONDER
We believe the above candidate is a suitable person Club.	for 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

When your membership application is accepted by the Committee, bank/payment details for the club will be provided.