**STRATHALLAN GOLF CLUB Inc.**



100 MAIN DRIVE BUNDOORA, VIC 3083

Phone : (03) 9457 4734

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APPLICATION for MEMBERSHIP

**Application No.:(Use next number from Register)**

Date Lodged:

I apply for membership of the Strathallan Golf Club Inc.

under the following category –

FULL MEMBER

SENIOR MEMBER (60+ YEARS)

FULL TIME STUDENT 18+

JUNIOR (UNDER 18 YEAR OLD) MEMBER

~~9 HOLE MEMBER~~ *Suspended until further notice*

TRANSITIONAL MEMBER (MAX. 5 COMPETETIVE GAMES PER YEAR)

If my membership application is approved, I agree to be bound by the constitution and by-laws of the Club. Junior members must seek and gain Match Committee approval before playing in any Club competition.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_ Home Phone:

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_