## Heidelberg Golf Club Membership Application Form

Phone: 03 9433 5300 Web: www.heidelberggc.com.au Send Completed Application to:

Heidelberg Golf Club PO Box 18, Lower Plenty VIC 3085 Email: info@heidelberggc.com.au

Applicants Information	
I herewith make an application to become a Member of the Constitution and By-Laws of the Club.	e Heidelberg Golf Club and I agree, if elected, to be bound by the
Membership Category applied for:	(Please tick) Option 1 (Upfront) Option 2 (Monthly)
Title: Name:	
Address:	
Suburb:	Post Code:
Home Phone:	Mobile:
Business:	Date of Birth:
E-mail Address:	
Employment / Student information	
Occupation:	
Name of employer:	
Name of School/University if attending:	
Golfing background	
How long have you been playing Golf?	
Do you have an official AGU/WGV Handicap?	If yes, what is your Golflink Number:
Have you been a member of another Golf Club?	If yes, what Club:
Other information	
How did you hear about us? Family/Friends Live Locally Facebook Instagram	
Other (please specify)	
Emergency Contact:	
Name: Phone Number:	
Applicants Signature I declare that I will abide by the Heidelberg Golf Club Constitution and agree that all outstanding dues will be paid in full at the time of my resignation from the Heidelberg Golf Club.	
Signature of applicant:	Date:
Nominators Declaration (Only to be completed by Heidelberg Golf Club Members)  The above candidate is personally known to us and we believe a suitable person to be elected as a Member of the Heidelberg Golf Club.  PROPOSER:	
Being a	Member of the Heidelberg Golf Club, I
herewith propose the person whose name appears on this application.	
First Name:	Surname:
Signature:	Date:
SECONDER:	
Being a Member of the Heidelberg Golf Club, I herewith propose the person whose name appears on this application.	
First Name:	Surname:
Signature:	Date: