



APPLICATION FOR MEMBERSHIP

I hereby apply for membership of Avalon Ladies Golf Club and I hereby agree to abide by the Club's Articles of Association and By-laws that may be in force from time to time.

NAME: Mrs/Miss/Ms
Surname Given Name

ADDRESS: Postcode.....

EMAIL:

TELEPHONE: Home..... Mobile

DATE OF BIRTH: **NEXT OF KIN:** Phone:.....

DETAILS OF PRESENT OR PAST MEMBERSHIP OF OTHER CLUBS:

Golf Club:

Golf Link No. Handicap:..... Current: YES / NO
Or

I do not have an official handicap, and will submit recent cards verified by a member of a club.
(Games may be played at any course. Three (3) 18 hole cards are the minimum required to gain an official handicap.)

Signature of Applicant: **Date:**

Annual fee is \$150. Payment may be made by direct debit:

- **Name:** Avalon Ladies Golf Club
- **Bank:** Westpac Bank
- **BSB:** 032 095
- **Account:** 130030
- **Reference:** Your Name.

Please email Pauline Burnett paulineburnett@y7mail.com cc to Margaret Reed megreed@hotmail.com advising of your payment.

Do you consent to your pictures and name being uploaded onto the Avalon Ladies Golf Club website and social media accounts Facebook and Instagram? YES / NO

FOR COMMITTEE USE ONLY

Date Received: Date Replied:

Membership Commenced: Fees Paid:

Please return this form to: The Secretary, Avalon Ladies Golf Club, Barrenjoey Road, Avalon, NSW, 2107.