

# APPLICATION FOR MEMBERSHIP Nomination Form



**Kilmore Golf Club**  
Anderson Road,  
Kilmore, Victoria  
Phone: (03) 5782 1123



I am applying for the following membership (tick the type being applied for) :

<b>Full:</b> 7 Days		<b>Student:</b> 18 – 24yrs		<b>Family:</b>		<b>Social:</b>	
Weekday: 5 Days		<b>Junior:</b> Under 18yrs		2 Adults & children under 18yrs all living in same household.		No playing rights. Access to club house and member discounts.	

First Name:		Middle Name(s):	
Surname:		Date of Birth:	
Street Address:			
Suburb:		Postcode:	State:
Mobile:		After Hours:	
Email Address:			
Postal Address: (if different from above)			
Suburb:		Postcode:	State:
Occupation:		Employer / Business Name:	

Are you or have you been a member at another Club?		Delete as applicable: Yes / No	
Name of Club:			
Past or Current Handicap:	Year Handicap was current:	Golf Link Number:	
Is Kilmore to be your home Golf Club?		Delete as applicable: Yes / No	

Signature:	Date:
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**Contact in Case of Emergency:**

Name:

Phone:

<b>Proposer's Name:</b>	<b>Seconders Name:</b>
Signature:	Signature:
Date:	Date:

**This Nomination Form will not be accepted unless accompanied by full payment of the category fee for which the applicant is nominating. Temporary playing rights will apply on receipt of the payment.**

**OFFICE USE  
ONLY**

Date Paid:	Date Approved:	Date Welcome letter sent:	Date added to email list	Date sent to Treasurer
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