

Membership Application
(In Block letters please)

4240 Murray Valley Hwy, (PO Box 436)

Robinvale, Victoria 3549

Robinvale Golf Club Inc.

Phone: (03) 5026 3286 Fax: (03) 5026 1669

Email: admin@robinvalegolfclub.com.au

I Mr / Mrs / Miss / Ms		
(Family Name)	(Given Names)	
Occupation	Date of Birth	//
Of		
(Postal	Address)	
Current Identification (Drivers licence, Passport, Med	dicare etc.)	Exp//
Home Phone:	Mobile:	
Email:		lesire to become a
GOLF COUNTRY JUNIOR	JUNIOR FREE	SOCIAL
Member of the Robinvale Golf Club Inc. In the advent rules of the association current at this time. I have rece program(s). I agree to strictly abide by these Rules, as this application are true and correct.	eived, carefully read and understo	od the Rules of the
NOMINATED COMMUNITY CLUB FOR DONATIO	N	
Select which Membership Programs you wish to join? I wish to receive communications including promotional magaming related activities:  YES	Diamond Rewards naterials, third party offers, and offer NO	rs that include alcohol or
I have read, understood and accept the Privacy Policy	y/s.	
Signature of Applicant	Date .	/
I,the association, nominate the applicant who is perassociation.		
Signature of Proposer	Da	te/
I,	(Seconders n	ame), a member of
the association, second the applicant who is persoassociation.	nally known to me, for member	ership of the
Signature of Seconder	D	ate/

**GOLF MEMBERSHIP** – \$ 275.00 - Full use of the clubhouse, full voting rights and full playing rights on the course. **COUNTRY MEMBERSHIP** - \$ 93.50 – same rights as Full Member, however must reside outside a 50 k.m. radius from the club.

**JUNIOR MEMBERSHIP - \$ 33.00** –Those over the age of 13 years playing in competitions. Free membership for juniors under the age of 13.

**SOCIAL MEMBERSHIP** - \$ 11.00 – Full use of the clubhouse.