			Robinvale Golf Club Inc. Ny Valley Hwy, (PO Box 436)
	lembership Applicatio	n	Robinvale, Victoria 3549
<b>ROBINVALE</b>	(In Block letters please)	Email: admi	Phone: (03) 5026 3286 Fax: (03) 5026 1669 n@robinvalegolfclub.com.au
I Mr / Mrs / Miss / Ms			
		iven Names)	
Occupation	D	ate of Birth .	
Of(Postal Address)			
Current Identification (Drivers li	icence, Passport, Medicare etc.)		Exp//
Home Phone:	Mobile:		
Email:			desire to become a
		IOR FREE	
Member of the Robinvale Golf Club rules of the association current at th program(s). I agree to strictly abide this application are true and correct	is time. I have received, carefully re by these Rules, as amended from ti	ead and underst	tood the Rules of the
NOMINATED COMMUNITY CLU	<b>JB FOR DONATION</b>		
Select which Membership Programs ye I wish to receive communications inclu- gaming related activities:	uding promotional materials, third par		fers that include alcohol or
I have read, understood and acce	ept the Privacy Policy/s.		
Signature of Applicant		Date	//
I, the association, nominate the app association.			
Signature of Proposer		E	Date///
I, the association, second the appli- association.		•	
Signature of Seconder			
GOLF MEMBERSHIP - \$ 275.00 - COUNTRY MEMBERSHIP - \$ 93.5 from the club. JUNIOR MEMBERSHIP - \$ 33.00 - juniors under the age of 13.	Full use of the clubhouse, full voting <b>1</b> 50 – same rights as Full Member, how	rights and full pl ever must reside	aying rights on the course. outside a 50 k.m. radius
SOCIAL MEMBERSHIP - \$ 11.00 -	-Full use of the clubhouse.		