	()4240 Murray Valley Hwy, Robin	nvale
ROBINVAL	© 03 5026 3286 admin@robinvalegolfclub.com.au ( ) www.robinvalegolfclub.com.au	Membership Application (In Block letters please)
GOLF CLUB RESORT Take your game in a new direction		)
I Mr / Mrs / Miss / Ms	(Family Name)	(Given Names)
Occupation		Date of Birth///
Of(Postal Address)		
Current Identification (	Drivers licence, Passport, Medicare etc.)	Exp/ /
Home Phone:	Mobile:	
Email:		desire to become a
	NTRY JUNIOR J ership requires proof of other club membership or Golfl	UNIOR FREE SOCIAL
rules of the association curr program(s). I agree to stric this application are true and Select which Membership Pro I wish to receive communicat gaming related activities:	rent at this time. I have received, carefull tly abide by these Rules, as amended from d correct.	m time to time and declare that the details in
Signature of Applican	ıt	Date///
	e the applicant who is personally kno	( <b>Proposers name</b> ), a member of own to me, for membership of the
Signature of Proposer .		Date///
I, the association, second th association.	ne applicant who is personally known	( <b>Seconders name</b> ), a member of n to me, for membership of the
Signature of Seconder .		Date///
<b>COUNTRY MEMBERSHI</b> from the club & be a member <b>JUNIOR MEMBERSHIP</b> - Juniors under the age of 13.	<b>P</b> - <b>\$ 125.00 –</b> same rights as Full Member, of another club. Proof of membership at other	aying in competitions. Free membership for