



Toongabbie Golf Club Inc.

TRARALGON MAFFRA ROAD, TOONGABBIE. VICTORIA 3856

P.O. BOX 1422 TRARALGON, VICTORIA 3844

PHONE: (03) 51924755

MEMBERSHIP FORM

TO: THE HONORARY SECRETARY, TOONGABBIE GOLF CLUB INC.

I wish to become a member of the Toongabbie Golf Club, and I hereby agree if elected to be bound by the rules of the club. I desire to be registered as a:-

Date of Birth (Only if under 18)

MEMBER

GREEN FEE MEMBER

JUNIOR MEMBER

(Please tick appropriate box)

Full Name of Candidate: _____

Address:- _____

_____ Email Address: _____

Telephone Home No: _____ Mobile No: _____

Occupation: _____

I am / was a member of: _____

SIGNATURE OF CANDIDATE _____

We the undersigned nominate the above named for election as a member of the Toongabbie Golf Club.

SIGNED: _____

SIGNED: _____

Dated the _____ Day of _____ 20_____

ENTRANCE FEE \$ _____

ANNUAL SUBSCRIPTION \$ _____

TOTAL \$ _____

RECEIPT No: _____