



** For Office Use Only **

Member No: _____

Date: _____

Approved: YES/NO

Membership Application Form

Please complete and return with Payment. PLEASE PRINT IN CAPITALS

NAME		SURNAME	
ADDRESS			
SUBURB		POSTCODE	
TELEPHONE		MOBILE	
EMAIL			
D.O.B.			
ARE YOU A MEMBER OF VSA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE YOU A MEMBER OF ANOTHER GOLF CLUB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YES PLEASE PROVIDE GOLF CLUB NAME			
PRESENT HANDICAP			

Membership:

Joining Fee	AUD 35 (Once off)
Subscription	AUD 10 (Annually)
TOTAL	AUD 45

Conditions:

1. VSAGC members must be members of the VSA
2. The Golf Organising Committee reserves the right to amend or change membership fees. Membership fees are non refundable.
3. The Golf Organising Committee may also refuse or terminate a membership without explanation if they consider a member is acting in a manner not in the best interest of VSAGC or the Golf Organising Committee.
4. All members and guest of members agree to abide by the Rules of Golf and VSAGC Rules and Regulations.

All applications should be addressed to the Secretary and **MUST** be accompanied by the FULL membership fee.

ACCEPTANCE OF ALL APPLICATIONS FOR MEMBERSHIP IS AT THE STRICT DISCRETION OF THE GOLF ORGANISING COMMITTEE.

SIGNED _____

DATE _____