

Castlemaine Golf Club Inc.
P.O. Box 147, Castlemaine, VIC 3450
Web: www.castlemainegolf.com
Email: admin@castlemainegolf.com
Clubhouse phone: (03) 5472 1682

Membership Application 01/07/2019 – 30/6/2020

Applicant Details

SURNAME:	GIVEN NAME:
ADDRESS:	
PHONE:	MOBILE:
EMAIL:	
DOB (Juniors Only):	Past/Present Club:
Past/Present Handicap:	Golflink No:

I hereby apply to become a member of **Castlemaine Golf Club Inc.** and wish to join as a
_____ **Member.**

Privacy Policy: I agree to abide by its rules, policies and procedures.

Signature of Applicant: _____ Date: _____

As members of Castlemaine Golf Club Inc. we nominate the above applicant:	
Proposer:	Seconder:

Enquiries to our Membership Officer: Rob Prendergast. Email: memofficer@castlemainegolf.com Mob: 0400 901 980