



The Golf Club of Keilor Inc.

MEMBERSHIP FORM

SURNAME:

GIVEN NAMES: Preferred Name

Male Female Junior Social *D.O.B.*

Guardian / Parent Phone No.

RESIDENTIAL ADDRESS:

Suburb: Post Code:

Phone No:

Mobile No:

Email Address:

Have you ever had a golf link Number? YES/NO Golf Link No:
.....

METHODS OF PAYMENT

- Hand your payment cash/ cheque to the pro shop manager
- Direct Debit : BSB Number: 063-591
Account Number: 1020 6385
Account Name: Golf Club of Keilor Inc.

Please Note: Participation in playing golf is at your own risk.

Photographs may be taken during the activity if you do not wish these photos to be used in any golf publications please notify the Secretary.

I the above applicant, agree to become a member of Keilor Golf Club Inc. and to be bound by the by laws of the club and Committee rulings.

SIGNATURE OF APPLICANT:

OFFICE USE ONLY

Date

Receipt No.

Received by:
(print name & sign)

Subscription	\$120
Junior	\$50
Social	\$20