

THE MELBOURNE DISTRICT VETERAN GOLFERS ASSOCIATION INC.

Reg. No. A0028046L

Affiliated with THE VICTORIAN VETERANS GOLFERS ASSOCIATION INC.

President

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APPLICATION FOR MEMBERSHIP

(PLEASE FORWARD APPLICATION TO THE MEMBERSHIP SECRETARY)

I
Surname Given Name/s Preferred Name

apply for membership of the Melbourne District Veteran Golfers Association Inc. and in the event of my admission as a Member agree to support the purposes of the Association & to comply with its Rules. The following details are provided for use by the Committee to determine my initial eligibility and ongoing membership of the Association.

I am a member of theGolf Club (Note : Club must be affiliated with Golf Australia)

My Handicap is My Golf Link Number is

I have additional Golf Club membership/s at

I am 55 years of age or older. My date of birth is

PRIVATE ADDRESS
.....POST CODE

PHONE NUMBER/s : Mobile.....Home.....

EMAIL ADDRESS.....

IN CASE OF EMERGENCY, CONTACT..... TEL.

DATE..... SIGNATURE

REFEREES

I being a Member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.
(signed).....(Proposer) Date / / 20

I being a Member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.
(signed).....(Seconder) Date / / 20

BENEFACTOR: VICTORIAN GOLF FOUNDATION