



Altona Lakes Golf Club Inc.

Inc No A0029861W

P.O.Box 360 Newport 3015

www.altonalakesgolfclub.com.au

Email: algc@netspace.net.au

Membership Application

Name: _____ Date of Birth: ____/____/____

Address: _____ Postcode _____

Phone No: _____ Mobile: _____ Email: _____

Desires to become a Member of the Altona Lakes Golf Club Incorporated.

In the event of my admission as a Member, I agree to be bound by the Rules and By-Laws of the Altona Lakes Golf Club Incorporated for the time being in force.

Signature of Applicant: _____

Date: ____/____/____

I, _____ a Member of the Altona Lakes Golf Club Incorporated, nominate the Applicant who is personally known to me, for Membership of the Altona Lakes Golf Club Incorporated.

Signature of Proposer: _____

Date: ____/____/____

I, _____ a Member of the Altona Lakes Golf Club Incorporated, second the Applicant who is personally known to me, for Membership of the Altona Lakes Golf Club Incorporated.

Signature of Second: _____

Date: ____/____/____

Golflink Application

Name: _____ Date of Birth: ____/____/____

Address: _____ Postcode _____

Phone No: _____ Mobile: _____ Email: _____

Is Altona Lakes Golf Club Incorporated going to be your Home Club: Yes No

If no who is your Home Club: _____

and what is your present Golflink Number: _____

Office Use Only

Membership Fee Paid: Yes No

Membership approved by Committee: Yes No