| IVANHOE MENS SOCIAL GOLF CLUB INCMembership Application | | |
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| Applicant Information | | |
| Name: | | |
| Date of birth: | Email: | |
| Current address: | | |
| City: | State: | Postcode: |
| Home Phone: | Work Phone: | Mobile Phone: |
| MEMBERSHIP Information | | |
| Club Membership: | | Player |
| GA Membership: | | Current/Never? (Please circle) |
| If Current - My Current GA Membership Number: |  |  |
| I wish to remain with my current GA club: | Yes/No? (Please circle) | If No you will be transferred to IMSGC  If Yes you will be entered as a non-home member of IMSGC |
| If Never - I wish to join GA to obtain an Official Handicap | Yes/No (Please circle) | If yes you will become a home member of IMSGC. |
| Emergency Contact (optional) | | |
| Name: | | |
| Address: | | Phone: |
| City: | State: | Postcode: |
| Relationship: | | |
| Signatures | | |
| I wish to apply for Membership of the Ivanhoe Mens Social Golf Club. I have read the Club Rules of Incorporation and agree to be bound by them. On approval of this Application by the Committee, I agree to pay the Membership fees applicable to the types of membership that I have nominated. | | |
| Signature of applicant: | | Date: |
| Nominated By: | | Date: |
| Seconded By; | | Date: |
| Approved: | | Date: |