



Lancefield

GOLF CLUB

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APPLICATION FOR MEMBERSHIP

I.....whose particulars appear below wish to apply for **(please circle)** membership to the Lancefield Golf Club Inc. Should my membership application be accepted, I agree to be bound by the rules, regulations and by-laws of the Club. I understand that membership privileges will not be available until the appropriate subscription has been paid.

Please note that new members must include an additional one-off administration fee of \$20.

Membership Category	Annual Fee	Nov 1	Dec 1	Jan 1	Feb 1	Mar 1	Apr 1	May 1	Jun 1	July 1	Aug 1	Sep 1
Full	\$540	\$495	\$450	\$405	\$360	\$315	\$270	\$225	\$180	\$135	\$90	\$45
Full/Partner*	\$975	\$894	\$813	\$731	\$650	\$569	\$488	\$406	\$325	\$244	\$163	\$81
Distance (25+kms)	\$330	\$302	\$275	\$247	\$220	\$193	\$165	\$138	\$110	\$83	\$55	\$28
Weekday	\$405	\$371	\$338	\$304	\$270	\$236	\$202	\$169	\$135	\$101	\$67	\$34
Associate	\$160											
Student/Apprentice	\$150	\$140	\$125	\$113	\$100	\$88	\$73	\$63	\$50	\$38	\$25	\$13
Junior Under 18	\$75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Junior Under 12	\$40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Full/Partner applicants need to complete an application form for each partner.

** EFT payment will incur a 1.25% surcharge.

Signature of Applicant Date

Surname:		First Name:	
Postal Address:			
Home Telephone:		Mobile:	
Email Address:		Date of Birth:	
Occupation:			
Handicap:		Golf Link No:	
Current Home Club:		Other Clubs:	
Nominated by:		Signature:	
Seconded by:		Signature:	

LGC Office Use Only

Application Received	Committee Meeting Approval Date	Subscription Received	Package Sent	Entered into CFM