



LANCEFIELD GOLF CLUB INC.

34 HEDDLE ROAD, LANCEFIELD VIC 3435
 CORRESPONDENCE TO PO BOX 89, LANCEFIELD VIC 3435
 CLUBHOUSE PH: (03) 5429 1922 E-MAIL: lgclub@bigpond.net.au

APPLICATION FOR MEMBERSHIP 2009-10

I.....whose particulars appear below wish to apply for (circle):

Membership category	Individual Fee	Cell (2 members)	Cell (3 members)	Cell (4 members)	Cell (5 members)
Full	\$440	\$415	\$350	\$285	\$240
Full/Partner	\$330	\$315	\$265	\$215	\$180
Country (+60km)	\$242	\$230	\$195	\$160	\$135
Weekday	\$319	\$305	\$255	\$205	\$175
Student	\$154	\$146	\$126	\$106	\$86
Family	\$660	Cell membership not applicable			
Junior U18	\$66	Cell membership not applicable			
Junior U12	\$33	Cell membership not applicable			

**Pro-rata membership rates (for new members) apply from 1 January, on application.*

of 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 this application will be displayed on the club notice board for 14 days prior to submission to the Committee and that membership privileges will not be available until the appropriate Subscription has been paid.

Method of Payment enclosed: Cheque Cash EFTPOS (available at the clubhouse)
 Include \$20.00 administration fee.

Signature of Applicant:.....Date:.....

Surname:		Given name:	
Postal Address:		Postcode:	
Telephone	Home:	Mobile:	
Email:		Date of birth:	
Handicap:		Occupation:	
Home Club:		Other Clubs:	

Nominated by: Name:	Signed:
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Seconded by: Name:	Signed:
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Application Received

Committee Meeting:

Approved:

MYOB Regn. & Invoice:

Subs: \$

Pro Rata: \$

Pack to Applicant:

Payment received:

ENTER DATES FOR ALL STEPS