

# Richmond Golf Club

**Course Address**

345 Richmond Road Cambridge

**Post Box**

PO Box 1088 Rosny Park 7018



**Phone / Fax**

(03) 6248 5450

**ABN**

60 067 553 916

## Membership Application

Title.....Surname.....Given Names.....

Address.....

..... Post Code.....

Telephone Home.....Bus.....Mobile.....

DOB..... Email Address.....

GENDER (Please Circle):      Male      Female      Other

Membership Applied For ( Please Circle )

Adult Member      Junior Member      Student Member

Have you been or are you a member of another club    Yes    NO      Golf Link Number.....

Last Club..... G A    Handicap    .....    Date Left.....

If not, are you interested in obtaining an official Golf Australia Handicap?    YES    NO

*By signing this membership application form, I consent to Richmond Golf Club sharing/submitting the information on this form with Golf Australia and other golf partners.*

Applicants Signature..... Date.....

### Club Use Only

Nominated by.....Signature.....Date.....

Seconded By.....Signature .....Date.....

Membership Fee applicable \$..... RGC Member Number.....