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| Oxley District Veteran Golfers Association Inc. |
| **NEW MEMBERSHIP APPLICATION**  |
| The O.D.V.G.A. financial year (all memberships) ends on October 31st and renewals to maintain a continuous membership is due by Nov.1st each year. |  |
|  Cost is $30 plus Yearly sub of $20 and includes your Oxley Vets Annual Membership, Name Badge,  |
| And reciprocal benefits associated with the O.D.V.G.A. Inc. for the current season. All NEW  |
| membership applications must be proposed and seconded by current financial members.  (AS AT 13th March 2025) |
|   |   |   |   |   |   |   |   |
| **REQUIREMENT OF ALL "NEW MEMBER" APPLICATIONS** |
|  RULE # 6 of the current RULES of the Oxley District Veteran Golfers Association Inc. (JULY 2022) |
|   |  |  |  |  |  |  |   |
|  Proposer : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |
|  (PRINT NAME) (SIGNATURE)  |  |   |
|  Seconder : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
|  (PRINT NAME) (SIGNATURE) |   |   |
|  **MEMBER'S DETAILS MALE / FEMALE**  (PLEASE INDICATE)  |
|  **(PLEASE PRINT NEATLY - SIGNATURE and DATE REQUIRED AT FOOT OF PAGE)**  |
|   |  |  |  |  |  |  |   |
|  **FIRST NAME:** ……………………………… **LAST NAME:** ……………………………….. |
|   |  |  |  |  |  |  |   |
|  **STREET NAME: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** |   |
|   |  |  |  |  |  |  |   |
|  **SUBURB: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . POST CODE: . . . . . . . . . . . . .. .** |
|   |  |  |  |  |  |  |   |
|  **CONTACT NUMBERS:** …………………….. …………………………………….. |
|   |  |  (Home) |  |  (Mobile) |   |
|  **E-MAIL ADDRESS:** ………………………………………………… |  |   |
|   |  |  |  |  |  |  |   |
|  **DATE OF BIRTH: . . . . . . . . . . . . . . . . . . . . . . . . .** |  |  |   |
|  I am currently a financial member of…………………………..………………. Golf Club |
| **Category of membership**: **FULL** / 6 days / 5 days / **Other**  (circle whichever applies  |  |
|  Further details if **"Other"** …………………………………………………………………………**Note** - Some **"Other"** Club Membership categories may be approved, subject to provision of comprehensive membership details. Committee decision is final. |
|  **My GOLFLINK Number is**: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (10 digits) |   |
|   **My CURRENT GA Handicap is:** \_ \_ \_ \_ \_ \_ |
|   |  |  |  |  |  |  |   |
|  **Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . .**  |  **Date: . . . . . . . . . . . .. .** |   |
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