|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: . . . . . . . . . . . .. .** | | |  |
|  | | | |  | | |  |
|  | | | |  | | |  |