

# KYABRAM - VALLEY VIEW & GOLF BOWLS CLUB INC.

## MEMBERSHIP NOMINATION FORM – 2023-2024

PO Box 425, Kyabram 3619

Tel: 03 5852 1490

ABN 52 838 752 451

Email: office@kyabramvalleyview.com.au

Bank Details 633-000 179087192

Nominees Full Surname: Mr/ Mrs/ Miss/ Ms \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

*Surname must be the same as on your golf link card*

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I desire to become a member of the Kyabram Valley View Golf & Bowls Club Inc. and request that my name be entered on the Register of Members, and I agree to be bound by the Constitution of the Club and Rules and By Laws thereunder.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: Name (block letters) \_\_\_\_\_ Signed \_\_\_\_\_

Seconded by: Name (block letters) \_\_\_\_\_ Signed \_\_\_\_\_

### If affiliated with another Club:

Name of Club \_\_\_\_\_ GA Handicap: \_\_\_\_\_ Verified YES/NO

Current Golf Link No. \_\_\_\_\_ Would you prefer Valley View Golf & Bowls Club to be your Home Club? YES / NO

### Membership Options 1st July 2023 to 30th June 2024

Please choose requested category of Membership (tick)

Cat. No	MEMBERSHIP CATEGORIES & SUBSCRIPTIONS – 1 July 2023 to 30 June 2024	Total
1	<input type="checkbox"/> Full Member	\$430
2	<input type="checkbox"/> Senior Member (70 years and over)	\$340
3	<input type="checkbox"/> 5 Day Member (excludes Sat & Wed comp)	\$340
4	<input type="checkbox"/> Country Member ( <i>must reside outside 30 km radius &amp; be a member of another club</i> )	\$180
5	<input type="checkbox"/> Remote Member ( <i>reside outside 150km radius</i> )	\$185
6	<input type="checkbox"/> Summer Member ( <i>daylight savings period</i> )	\$320
7	<input type="checkbox"/> Junior Member ( <i>under 18 years of age</i> )	\$50
8	<input type="checkbox"/> Bowls	\$170
9	<input type="checkbox"/> Social Member	\$10

### Office Use Only

Nomination considered – Committee Meeting: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Membership Record Amended: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_