



68 Kingswood Drive, Chirnside Park 3116  
 Phone: 9726-7788  
 Email: [manager@chirnsideparkcc.com.au](mailto:manager@chirnsideparkcc.com.au)  
 Website: [www.chirnsideparkcc.com.au](http://www.chirnsideparkcc.com.au)



GOLF COURSE  
 132 Victoria Road, Lilydale 3140  
 Phone: 9739-7522  
 Email: [manager@gardinersrun.com.au](mailto:manager@gardinersrun.com.au)  
 Website: [www.gardinersrun.com.au](http://www.gardinersrun.com.au)

**MEMBERSHIP APPLICATION**

**SURNAME:** \_\_\_\_\_ **GIVEN NAME:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **GENDER:** (Please Circle) Male Female

**ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

**EMERGENCY CONTACT**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DO YOU WISH CPCC TO BE YOUR HOME CLUB FOR HANDICAPPING PURPOSES:** (Please circle) YES / NO

**PLEASE PROVIDE YOUR MOST RECENT GOLFLINK MEMBERSHIP NUMBER:** \_\_\_\_\_

**TYPE OF MEMBERSHIP APPLIED FOR:** \_\_\_\_\_

- I hereby make application for membership to the Chirnside Park Country Club Limited and confirm that the information provided in this application is true and correct.
- I understand that this application for membership may be subject to an interview by the Board of Management and that the Board of Management reserves the right to reject any membership application without consultation or reason.
- I agree to abide by the Club's Constitution & Policies. (Copies of these can be obtained from the Club's General Manager).
- I understand that if my personal details change in any way that I must notify the Country Club immediately.
- I understand that my personal details as listed above will be forwarded to sporting bodies for the purpose of affiliation and are held on the Club's database for purposes of servicing of notices and to comply with the Liquor Reform Act.
- I agree to my telephone number being printed in the Member's Handbook and given to members and Country Club staff who may need to contact me (members over 18 years of age only).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN OF PERSON UNDER THE AGE OF 18:** \_\_\_\_\_

I apply for membership at the venue & of its Rewards Xtra Program, I give permission for the Chirnside Park Country Club or their contractors to use my personal information so they can send me newsletters or marketing offers with regard to entertainment, gaming, bistro, functions, bar and sporting promotions. I acknowledge receipt of the player information brochure, advice regarding limits, and I have read, understood & agreed to abide to the rules. (Gaming/Alcohol information will not be sent to members under 18 years). Please tick

I agree to receive the annual player activity statement in accordance to Victorian legislation and I elect to collect my player activity statement in the following manner: Email  Mail  From Venue

**ALL APPLICATIONS FOR MEMBERSHIP MUST BE PROPOSED & SECONDED:**

Junior Members under 10 years of age must be proposed by the relevant Sporting Professional to confirm that they are capable of responsible membership.

**Proposer:** \_\_\_\_\_ **M'ship No:** \_\_\_\_\_ **Seconder:** \_\_\_\_\_ **M'ship No:** \_\_\_\_\_

**Office use only**

<b>Joining Fee</b>	<b>Bistro Credit</b>	<b>Affiliation</b>	<b>Non Playing</b>
<b>Golf</b>	<b>Bowls</b>	<b>Tennis</b>	<b>Wine Club</b>
<b>Other</b>	<b>Other</b>	<b>Other</b>	<b>Other</b>
<b>Received By</b>	<b>Receipt No</b>	<b>Date Received</b>	<b>Membership No</b>