



Black Bull

GOLF CLUB AT SILVERWOODS
YARRAWONGA

MEMBERSHIP APPLICATION FORM

YOUR DETAILS

PLEASE CIRCLE Mr/Mrs/Miss/Ms

Surname _____

Given Names _____

Preferred Name _____

Residential Address _____

Suburb _____ State _____ Postcode _____

Home Phone _____ Mobile _____

Occupation _____ Business Phone _____

Email _____

Emergency Contact _____ Phone _____

IF DIFFERENT FROM ABOVE

Postal Address _____

Suburb _____ State _____ Postcode _____

CATEGORY OF MEMBERSHIP

- | | | | |
|---------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Golf | <input type="checkbox"/> Corporate | <input type="checkbox"/> Honorary |
| <input type="checkbox"/> Public | <input type="checkbox"/> Manager | <input type="checkbox"/> Restricted | <input type="checkbox"/> Junior |

OTHER CLUBS

Are you a member of any other club? Yes No

Club Name _____

Handicap _____ Golf Link No. _____

Will Black Bull Golf Club be your Home Club for handicapping purposes? Yes No

SIGNING

I apply for membership of Black Bull Golf Club Limited and, if elected I agree to be bound by the constitution and by-laws of the Club and to any rules made by the Board from time to time.

Applicants Signature _____ Date _____

Golf Club Pro Shop & Bookings:
03 5744 0044 blackbullgc.com.au