

MEMBERSHIP APPLICATION/RENEWAL FORM MEMBERSHIPS ARE ANNUAL AND ARE DUE FOR RENEWAL JANUARY 1ST

APPLICANT DETAI	LS		
Date: / /			
First Name:		Last Name:	
Address:			
Suburb:	State:		Postcode:
Date of Birth:	Email	Address:	
Home Phone:	N	Nobile Phone:	
AMPUTEE STATUS Below Knee	Above Knee	Below Elbow	Above Elbow
Multiple Amp	Below Wrist	Below Ankle	Other
GOLFING EXPERIE	NCE		
Are you a member o	f a Golf Club Yes	s No	
Which Golf Club?			AGU Handicap
Golf Link#			
MEMBERSHIP Tyl		mputee \$15	ocial Member \$35
Would you like to ma	ake a further donation to A	GV? Yes	No
Amount of donation	\$		
Applicant Signature:			

Please print and sign the form and mail along with your cheque/money order made payable to Amputee Golf Victoria Association or, for a direct deposit Bank details are BSB # 633 108 Account #: 1601 58614

AMPUTEE GOLF VICTORIA ASSOCIATION INC (AGA)

2 Elsie St Greensborough VIC 3088