

# Chalambar Golf Club Inc.



No. A3543

P.O. Box 108  
ARARAT 3377

Telephone (03) 5352 4297

Fax: (03) 5352 5776

E-mail: [chalgolf@netconnect.com.au](mailto:chalgolf@netconnect.com.au)

Website: [www.ararat.chalambargolf.com.au](http://www.ararat.chalambargolf.com.au)

## MEMBERSHIP CATEGORY CONDITIONS

<b>Category</b>	<b>Access / Rights</b>
<b>Full</b>	Full access to all club facilities.
<b>Bowls</b>	Access to bowls greens and clubhouse facilities only
<b>Country 'A'</b>	Residing outside a radius of 32km
<b>Country 'B'</b>	Residing outside a radius of 80km
<b>Lifestyle #1</b>	Age 40-50. Includes 5 Competition Rounds (not including Charity Days). Additional rounds @ \$10 + comp fee. Unable to play Pennant, Championships or access Reciprocal Rights.
<b>Lifestyle #2</b>	Age 25-39. Includes 5 Competition Rounds (not including Charity Days). Additional rounds @ \$10 + comp fee. Unable to play Pennant, Championships or access Reciprocal Rights.
<b>Social Golf</b>	Ongoing. Full access to all club facilities. No handicap.
<b>Temporary Workers</b>	Full access to all club facilities. Direct Debit Monthly payments. Cancel at any time.
<b>Summer</b>	For the Period of Daylight Savings – Golf and Bowls.
<b>Intermediate Golf &amp; Bowls</b>	Age 18-24
<b>Junior Golf &amp; Bowls - Student</b>	Age 18 -21 Full Time Student
<b>Junior Golf &amp; Bowls - Introduction</b>	Under the age of 18 years
<b>Social</b>	Access to all clubhouse facilities. No playing rights.

## MEMBERSHIP APPLICATION PROCESS

Once your nomination form and full payment have been received you are free to play social golf however, you will not be able to play in club competitions until your application has been accepted and a handicap endorsed. A handicap can be obtained by submitting 3 certified handicap cards over 18 holes at Chalambar. Further information on the handicapping system is available at [www.golfaustralia.org.au](http://www.golfaustralia.org.au).

The Board will formally assess your nomination at the monthly meeting, held on the fourth Monday of each month. We will send you some further information following this. Once your nomination is accepted you will receive an invoice for the payment of your fees (if not paid at nomination time) which are due within 14 days. Pro-rata fees are calculated on a monthly basis from the date your nomination is accepted by the Board up until 30th September.

Please contact the Club Manager if you require further information.



## NOMINATION FORM FOR MEMBERSHIP 2020/21

The following categories of Membership are available (see over for conditions)

Full	\$780	Junior Golf & Bowls - Student	\$151
Country A	\$455	Junior Golf & Bowls - Introduction	3 Months Free + \$80
Country B	\$251	Temporary Visitors	\$95 per month
Lifestyle #1	\$485	Social	\$30
Lifestyle #2	\$424	Bowls	\$165
Social Golf	\$363	Summer	\$585
Intermediate Golf	\$363		

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The **'date of birth'** is a requirement for all Members.

Membership Category .....

(Mr. / Mrs. / Ms / Miss / Mast / Dr / Other) .....

First Name .....Middle Initial.....

Surname .....Date of Birth...../...../.....

Residential Address.....

Town..... Postcode.....

Postal Address.....

Town..... Postcode.....

Telephone: Home ..... Business..... Mobile.....

E-Mail.....Occupation.....

Would you like to receive club correspondence via email Y/ N

Current / Previous Golf Club.....Golf Link No.....Home Club CGC? Y/ N

Proposer (must be adult member)

Name.....Signature.....

Seconder (must be adult member)

Name.....Signature.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend) .....Phone Number .....

I wish to join the Chalambar Golf Club Inc and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Policies of the Club. Membership year expires 30 September.

Signature.....

Date...../...../.....

### OFFICE USE ONLY:

Date of Committee Meeting Approval: ...../...../..... Date Welcome Letter / Invoice sent ...../...../.....

Method of payment of fees: Cash / Cheque / EFTPOS / Direct Debit Date Paid ...../...../.....

Entered on System ...../...../..... Registered for Golf  Handicap endorsed and registered.

Registered for Bowls  Member Card Printed  Email Address Added