



VICTORIA
GOLF RESORT
SRI LANKA

MEMBERSHIP APPLICATION FORM -CORPORATE-

FOR OFFICE USE _____

Membership No.

Card No.

No. of Members



**Sri Lanka's
Best Golf Course**

TROON GOLF®

MEMBER APPLICATION FORM

P.O. BOX. 07, RAJAWELLA, DIGANA, SRI LANKA .A

Tel: +94 (0)81 2376 376/ +94 (0) 71 106 1083

E-mail: member@victoriagolf.lk

Please complete this form in BLOCK LETTERS.

Required mandatory supporting documents – Copy of NIC / Passport, 2 Passport Size Photos

Membership Type

<input type="checkbox"/> General Application	<input type="checkbox"/> Membership Drive	Drive Name	<input type="text"/>
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Membership Category

Corporate Name	<input type="text"/>	No. of Nominees	<input type="text"/>
Nominee Change	<input type="checkbox"/>		
Previous Nominee	<input type="text"/>		
Previous Nominee Membership No	<input type="text"/>		

Personal Information (Primary Applicant)

Title	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> DR.	
Surname	<input type="text"/>			
First Name	<input type="text"/>	Other Names	<input type="text"/>	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>			
NIC / PP No.	<input type="text"/>	Company & Designation	<input type="text"/>	

Residential Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		

Other Club Memberships (Please list down other memberships and the time period held)

<input type="text"/>

Have you ever been refused admission/ suspended/ terminated from any club in Sri Lanka or overseas? (If yes, please provide an explanation)

<input type="text"/>

Please provide your handicap

Personal Information (Nominee 2)

Title	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> DR
Surname	<input type="text"/>		
First Name	<input type="text"/>	Other Names	<input type="text"/>
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>		
NIC / PP No.	<input type="text"/>	Designation	<input type="text"/>

Residential Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		

BUSINESS Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		
Do you play golf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide your handicap <input type="text"/>

Other Club Memberships (Please list down other memberships and the time period held)

<input type="text"/>

Have you ever been refused admission/ suspended/ terminated from any club in Sri Lanka or overseas? (If yes, please provide an explanation)

<input type="text"/>

Please provide your handicap

Personal Information (Nominee 3)

Title	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> DR
Surname	<input type="text"/>		
First Name	<input type="text"/>	Other Names	<input type="text"/>
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>		
NIC / PP No.	<input type="text"/>	Designation	<input type="text"/>

Residential Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		

BUSINESS Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		
Do you play golf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide your handicap <input type="text"/>

Other Club Memberships (Please list down other memberships and the time period held)

<input type="text"/>

Have you ever been refused admission/ suspended/ terminated from any club in Sri Lanka or overseas? (If yes, please provide an explanation)

<input type="text"/>

Please provide your handicap

Personal Information (Nominee 4)

Title	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> DR
Surname	<input type="text"/>		
First Name	<input type="text"/>	Other Names	<input type="text"/>
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>		
NIC / PP No.	<input type="text"/>	Designation	<input type="text"/>

Residential Contact Information

Address	<input type="text"/>	
	<input type="text"/>	
Telephone No.	<input type="text"/>	Mobile No. <input type="text"/>
E-mail Address	<input type="text"/>	

BUSINESS Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No. <input type="text"/>	
E-mail Address	<input type="text"/>		
Do you play golf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide your handicap <input type="text"/>

Other Club Memberships (Please list down other memberships and the time period held)

<input type="text"/>

Have you ever been refused admission/ suspended/ terminated from any club in Sri Lanka or overseas? (If yes, please provide an explanation)

<input type="text"/>

Please provide your handicap

Personal Information (Nominee 5)

Title	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> DR
Surname	<input type="text"/>		
First Name	<input type="text"/>	Other Names	<input type="text"/>
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>		
NIC / PP No.	<input type="text"/>	Designation	<input type="text"/>

Residential Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		

BUSINESS Contact Information

Address	<input type="text"/>		
	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-mail Address	<input type="text"/>		

Do you play golf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide your handicap	<input type="text"/>
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Other Club Memberships (Please list down other memberships and the time period held)

<input type="text"/>

Have you ever been refused admission/ suspended/ terminated from any club in Sri Lanka or overseas? (If yes, please provide an explanation)

<input type="text"/>

FOR OFFICE USE

NOMINEE 02

NOMINEE 03

NOMINEE 04

NOMINEE 05

Membership No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide your handicap

How Did You Hear About Us

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Proposer

Name	<input type="text"/>	Membership No.	<input type="text"/>
Golf Handicap	<input type="text"/>	Length of time known to proposer	<input type="text"/> Years
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Secunder

Name	<input type="text"/>	Membership No.	<input type="text"/>
Golf Handicap	<input type="text"/>	Length of time known to proposer	<input type="text"/> Years
Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Declaration

I declare that the details provided herewith are true and understand that if found to be false, will lead to the loss of membership at Victoria Golf and Country Resort. I understand that this application form does not constitute to a confirmed membership and will only assist in securing a membership.

I have attached herewith a copy of my CV, NIC/ Passport Copy, two passport size photographs and any other documentation that may be considered favorable for my request.

All the memberships are Non transferable and non-refundable. Require 30 days cancellation.

Primary Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nominee 02 Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nominee 03 Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nominee 04 Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nominee 05 Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Membership Division : (Please state "Yes" or "No" as appropriate)

☐ Proposer Outstanding ☐ Seconder Outstanding

Other comments

MRE Signature

Date

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Finance Division : (Please state "Yes" or "No" as appropriate)

☐ Proposer Outstanding ☐ Seconder Outstanding

Please state that the information provided by the membership division is accurate

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FM Signature

Comments by the GM

GM Signature