



VICTORIA
GOLF RESORT
SRI LANKA

MEMBERSHIP APPLICATION FORM -FAMILY-

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

☐ General Application ☐ Membership Drive Drive Name

Membership Category

☐ Family ☐ Overseas Family

Personal Information (Primary Applicant)

Title ☐ MR ☐ MRS ☐ DR.

Surname

First Name Other Names

Sex ☐ Male ☐ Female Date of Birth / /

Nationality

NIC / PP No. Company & Designation

Residential Contact Information

Address

Telephone No. Mobile No.

E-mail Address

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

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

Please provide your handicap

Personal Information (Spouse)

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

Personal Information (Child 1)

Title	<input type="checkbox"/> MASTER	<input type="checkbox"/> MISS	
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"/>
Please provide your handicap	<input type="text"/>		

Personal Information (child 2)

Title	<input type="checkbox"/> MASTER	<input type="checkbox"/> MISS	
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"/>
Please provide your handicap	<input type="text"/>		

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"/>

Secondar

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"/>
Spouse 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

Please confirm which of the following applies

☐

General

☐

Villa site Family

Plot No.

Other comments

MRE Signature

Date

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

FM Signature

Comments by the GM

GM Signature