



VICTORIA  
GOLF RESORT  
SRI LANKA

# MEMBERSHIP APPLICATION FORM -JUNIOR-

FOR OFFICE USE \_\_\_\_\_

Membership No.

Card No.



**Sri Lanka's  
Best Golf Course**

TROON GOLF®

## MEMBER APPLICATION FORM - Junior

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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### Personal Information

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"/>	School	<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"/>
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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"/>
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Please provide your handicap

## How Did You Hear About Us

## 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.

Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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**Membership Division :** (Please state "Yes" or "No" as appropriate)

☐

Proposer Outstanding

☐

Secunder Outstanding

Please confirm the following

☐

Consent of Parent / Guardian

Other comments

MRE Signature

Date

/

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

☐

Proposer Outstanding

☐

Secunder Outstanding

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

☐

FM Signature

Comments by the GM

GM Signature