



# GOLF MEMBERSHIP NOMINATION FORM

**PLEASE PRINT**

I, Mr/ Mrs/ Miss/ Ms **SURNAME**

**CHRISTIAN NAMES**

**Residential Address**

**Postcode**

**Mailing Address**

**Postcode**

**Mobile No.**

**Email address**

**Occupation**

**Date of birth**

Last Golf H/cap

Previous Club

Golf Link No

Hereby apply for the following category of membership at the Mooroopna Golf Club Inc and agree to abide by the Rules of Association and By Laws of the Club and also accept by signing this application the privacy statement on the reverse of this form.

## TICK ONE BOX ONLY

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <b>Full Member</b>   | <input type="checkbox"/> <b>Intermediate 1</b><br><small>18-20 YEARS</small> | <input type="checkbox"/> <b>Junior Golf</b><br><small>Under 18 years</small>         | <input type="checkbox"/> <b>Bowling</b>             |
| <input type="checkbox"/> <b>Golf 65 years plus</b>                                  | <input type="checkbox"/> <b>Intermediate 2</b><br><small>21-24 YEARS</small> | <input type="checkbox"/> <b>Summer</b><br><small>1st October to 31st March</small>   | <input type="checkbox"/> <b>Social</b>              |
| <input type="checkbox"/> <b>Country Member</b><br><small>Residing over 50km</small> | <input type="checkbox"/> <b>Intermediate 2</b><br><small>25-29 YEARS</small> | <input type="checkbox"/> <b>Winter</b><br><small>1st April to 30th September</small> | <input type="checkbox"/> <b>ID has been sighted</b> |

**Applicant's Signature**

**Date**

**Proposed by**

**Seconded by**

**PLEASE PRINT NAME**

**PLEASE PRINT NAME**

**MGC Member No**

**MGC Member No**

## OFFICE USE ONLY

Fee paid \$

Receipt No

Date

Passed by Board

Date

Membership No.

Entered on database

Privacy Laws -- Members details will not be issued to any outside agencies.

Please tick if you do not wish to receive promotional material, marketing or Club news via email or post