

MARION PARK GOLF CLUB Inc.



MEMBERSHIP APPLICATION FORM

I hereby make an application for membership of the Marion Park Golf Club Inc.

NAME:

ADDRESS:

CITY/SUBURB.....POST CODE:

OCCUPATION:

TELEPHONE: MOBILE:

DATE OF BIRTH: e-mail address:

Have you previously been a member of a golf Club YES/NO

NAME OF CLUB: YEAR:

AUSTRALIAN HANDICAP: GOLF LINK No:.....

I agree to abide by the Constitution and Rules governing the Marion Park Golf Club.

DATE: SIGNATURE:

PROPOSED BY: SIGNATURE:

SECONDED BY: SIGNATURE:

Club Fee: Adults **\$100** (Ins levy of \$12 included)

Juniors **\$55** (Ins levy of \$12 included)

(Fee payable on notification of membership acceptance)

Mem Payment Received \$..... Date Received by Receipt No.....

Ratified by Committee: Date Secretary Signature

GOLF LINK No.: CLUB NUMBER:.....