



Maryborough Golf Club
Maryborough Vic 3465
PH:5460 4900
www.maryboroughgolfclub.com.au
IncNo: A0015630T

NOMINATION FOR GOLF/BOWLS MEMBERSHIP

Full Name of Nominee: Mr/Mrs/Ms/Miss _____

Home Address: _____

Contact Details: PH: h: _____ m: _____

Date of Birth: _____

Do you agree to your phone number to be listed in the annual golf or bowls fixture book yes /no

If applying for a golf membership: Do you wish to be handicapped here? YES/ NO

If previously a member of another club, please state -

Club: _____ Last year of Membership: _____

Handicap: _____

Existing Golflink number (if any) _____

CATEGORY OF MEMBERSHIP BEING APPLIED FOR: (Please Tick)

- | | |
|--|---|
| <input type="checkbox"/> FULL GOLF MEMBERSHIP | <input type="checkbox"/> LAWN BOWLS MEMBERSHIP |
| <input type="checkbox"/> PENSIONER MEMBERSHIP | <input type="checkbox"/> YOUNG ADULTS GOLF AND BOWLS MEMBERSHIP |
| <input type="checkbox"/> INTERMEDIATE MEMBERSHIP | <input type="checkbox"/> SOCIAL GOLF PACKAGE |
| <input type="checkbox"/> COUNTRY 70K MEMBERSHIP | |

I wish to become a member of the Maryborough Golf Club and, if accepted, agree to be bound by the Statement of Purposes and Rules or By-Laws.

Signed, _____ **Date** _____

We (being part of the general body of members) hereby propose and second the above applicant for membership of the Maryborough Golf Club.

Signature of Proposer _____ Please Also Print. _____

Signature of Seconder _____ Please Also Print. _____

1. Office Use:

2. Deposit paid: \$

Receipt No:

Member No:

3. Date:

Signed