

MYRTLEFORD GOLF CLUB
INCORPORATED
MEMBERSHIP APPLICATION FORM



Family Name	
Given Names	
Title	
Residential Address	
Postal Address (if different	
Telephone Number	
Mobile Phone Number	
Email address	
Date of Birth	
Previous Golf Club	
Current Golflink Number	
Current Handicap	

Please complete the following page.

Myrtleford Golf Club Incorporated Membership Application form Page 2.

I, the person whose details appear above, wish to apply to become a member of the Myrtleford Golf Club Incorporated in the following category.

Membership Category	
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I advise that I support the purpose of the Association and in the event that my membership application is accepted by the Association, I agree to be bound by the Rules of the Association that are in place whilst I remain a member.

Signed	
Date	

I, a current member of the association, nominate the above named person for membership of the association.

Current Member Name	
Signature	
Date	

I, a current member of the association, second the above named person for membership of the association.

Current Member Name	
Signature	
Date	

Secretary's Use Only		
Date Received		
Date of Committee Consideration		
Date of Notification		