



MELBOURNE AIRPORT GOLF CLUB MEMBERSHIP FORM

#

Surname _____

First Name _____

Address _____

Suburb _____ Postcode _____

Occupation _____ D.O.B.: ____/____/____

Telephone No(s) _____ Business: _____

Mobile _____ Email: _____

Are you presently or have you ever been proposed for Membership in any other club/Golf club

Yes No

Golf Link Number _____ Resigned Date ____/____/____
Name of your club _____

Signed: _____ Handicap _____

Proposer: _____ Seconder: _____

Payment Methods

Please return this to the Administration office with your completed form and payment

Cheque Visa Mastercard Direct Debit EFTPOS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Signature: _____ Expiry Date: ____/____/____ Amount \$ _____

New Member:

Please tick category of membership sought

Ordinary Restricted

Weekday Country

Junior Sub Junior

Payment Option:

Annual

This application will be displayed on the Notice Board for the statutory period of fourteen (14) days, The applicant will be subsequently interviewed by a member/s of our Board The Board of Management reserves the right to reject an application if such action is deemed to be fitting and shall not be required to give any explanation of such action.

Office Use Only					
Date Recd	Payment Amount	Rec No	Ltr Sent N/M meeting	Attended N/M meeting	Date Elected