P O Box 806 MORWELL VIC 3840
Phone: 03 5134 5307 Fax: 03 5133 6316

APPLICATION FOR MEMBERSHIP

I wish to join Morwell Golf Club Inc. and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature..... Date ..... Type .....

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) .....

First Name ..... Known as .....

Surname ..... Middle Initial .....

Home Address .....

Suburb..... Postcode .....

Postal Address .....

Suburb..... Postcode .....

Telephone: Home ..... Business .....

Fax..... Mobile .....

E-Mail .....

Occupation ..... Date of Birth……/……/……

Previous Golf Club ..... Previous Handicap .....

Previous Golflink Number..... Will we be your Home Club.....

Emergency Family Contact Information:

Name (Print First and Surname) ……..Relationship (i.e. Wife, Son, Friend) …. ..…….

Phone Number (for emergency contact) ..... …..

Membership Classes Available

Ordinary Member *	☐	Ordinary Spouse *	☐
Senior Member *	☐	Six Month (Sporting)	☐
Country 1 50-100kms	☐	Country 2 100kms +	☐
Junior U23yrs	☐	Junior U18yrs	☐
Social	☐	Non-Playing *	☐

*** Does the payment include the $1.00 Joining Fee ( ) Yes ( ) No**

Receipt Number ……. Receipt Amount $…….

Proposer ……... Seconder ……..