

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	e	Туре	
Please note <u>all fields</u> are important a effectively target your needs. The 'da available on request from the office.				
	PLEASE P	RINT CLEA	RLY	
(Mr / Mrs / Ms / Miss / Dr / O	ther)		M/F	
First Name				
Surname			Middle Initial	
Home Address				
Suburb			Postcode	
Postal Address				
Suburb			Postcode	· · · · · · · · · · · · · · · · · · ·
Telephone: Home	BH		Mobile	· · · · · · · · · · · · · · · · · · ·
E-Mail				
Occupation			Date of Birth	
Previous Golf Club		F	Previous Handicap	
Previous Golflink Number	Will we be y		Will we be your Home	e Club
Emergency Contact Inform	nation:			
Name (Print First and Surna	me)			
Relationship (i.e. Wife, Son, Friend)		Phone Number		
Membership Type Available				
Ordinary Member		Ordina	ry Spouse	
Senior Member		Six Month		
Country A 50-100kms		Country B 100kms +		
Youth (18 – 23)		Junior U18yrs		
Social		Non-Playing		
9 holes		Joining	g Fee (\$10.00)	
Receipt Number		Receipt A	mount	
Proposer (print)		Seconder	(print)	
Signature		Signature		