



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 _____

Name of your club _____ Resigned Date ____/____/____

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

Signature: _____ Expiry Date: ____/____/____ Amount \$ _____

New Member:

Please tick category of membership sought

 Ordinary Restricted Weekday Country Junior Sub Junior

The following amounts should be remitted with the application

Subscription \$ _____

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