

# Mangrove Mountain Memorial Club Ltd

ACN 001 0390765

18 Hallards Road  
Central Mangrove 2250  
Email: [mmmclub@bigpond.com.au](mailto:mmmclub@bigpond.com.au)

Clubhouse: 02 43731129  
Pro Shop: 02 43731075  
Web: [mmmclub.com.au](http://mmmclub.com.au)



## GOLF MEMBERSHIP APPLICATION

Please print

I, Mr /Mrs/Miss/M/S .....  
SURNAME GIVEN NAME KNOWN AS

### Residential Address

of (No.)..... (Street).....  
Suburb ..... Post Code .....

### Mailing Address (if Different)

.....

Ph:(H).....(Mobile).....(W).....(E-Mail).....

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

Hereby apply to become a:

- Seven (7) Day
- Junior (Under 18)
- Intermediate(18 – 21 years) 7 Day
- Social Golf (No Handicap)

(Please turn over to review membership categories)

### FEE MUST ACCOMPANY FORM

Agree to be bound by the Club's Memorandum and Articles of Association, Rules and By Laws of the Club, which from time to time may be in force.

Signed ..... Date ...../...../.....

Proposed by ..... Signature ..... Badge No.....  
Please Print

Seconded by ..... Signature ..... Badge No.....

I was introduced to the Club by member .....

Do you wish to receive the Annual Report of the Club **YES / NO**

Do you give permission for the Club to give other Members your Telephone Number **YES / NO**

Do you wish your name & telephone number to be printed in the Annual Golf Handbook **YES / NO**

Do you wish Mangrove Mountain to be your home club **YES / NO**

Are you currently a member of Golf Link, please supply Membership Number .....

NOTE: That in making an application for membership of the Club you acknowledge & accept that you will be subject to the Golf Australia Handicapping System and that your handicap may be reviewed at the absolute discretion of the Golf Committee/Board on the basis of any cards returned in any competition. By making application to the club you also expressly acknowledge and accept that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the Golf Committee/Board to a review of your handicap.

<b>Office Use only</b>				
Receipt No: _____	Date Paid: ____/____/____	Amount Paid \$ _____	Membership No: _____	Approved: ____/____/____
<b>PHOTO ID :</b>	<b>TYPE</b> .....	<b>NUMBER</b> .....	<b>SIGHTED BY</b> .....	

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### Membership Categories:

(Please note that the Annual Fee is pro-rated over the year for those who apply outside our financial year of July to June.)

<b>7 Day</b>	Seven Days. Men & Ladies.	<b>\$350.00</b>
<b>Intermediate</b>	18-21 years Seven days	<b>\$175.00</b>
<b>Juniors</b>	under 18 years. ID must be provided.	<b>\$55.00</b>
<b>Social Golf</b>	Seven days. No Handicap. Cannot play in Competitions. Not eligible to stand for positions on the Men's or Ladies Golf Committees. Discounted Green Fee.	<b>\$100.00</b>