

Mangrove Mountain Memorial Club Ltd

ACN 001 0390765

18 Hallards Road
Central Mangrove 2250
Email: office@mmmclub.com.au

Clubhouse: 02 43731129
Pro Shop: 02 43731075
Web: mmmclub.com.au



GOLF MEMBERSHIP APPLICATION

Please print

I, Mr /Mrs/Miss/M/S
GIVEN NAME SURNAME

Residential Address

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

Mailing Address (if Different)

.....

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

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

Hereby apply to become a:

- Seven (7) Day Social Golf (No Handicap) Junior (Under 18)

FEE MUST ACCOMPANY FORM (Please turn over to review membership categories)

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.....

- Please tick if current member Mountain District Football Club (Sponsor)

I was introduced to the Club by member

Have you a current Golf Link number

Have you ever been refused membership or suspended from another Golf Club **YES / NO**

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

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

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.

| | | | |
|------------------------|---------------------------|----------------------|---|
| Office Use only | | | |
| Receipt No: _____ | Date Paid: ____/____/____ | Amount Paid \$ _____ | Membership No: _____ Approved: ____/____/____ |
| PHOTO ID : | TYPE..... | NUMBER..... | SIGHTED BY..... |
| | L: _____ | E: _____ | G: _____ P: _____ |

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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.)

| | | |
|--------------------|---|-----------------|
| 7 Day | Seven Days. Men & Ladies. | \$425.00 |
| Juniors | Under 18 years. ID must be provided. | \$55.00 |
| Social Golf | 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. | \$140.00 |