

APPLICATION FOR MEMBERSHIP



Please use **BLOCK** letters when completing this form.

If posting this form following completion, please post to PO Box 126, Beaconsfield, 3807

CATEGORY OF MEMBERSHIP SOUGHT

Please circle one

7 day 6 Day 5 Day Casual Intermediate Junior Seasonal Pay as you Play Social

PERSONAL DETAILS

GIVEN NAME: SURNAME:

TITLE: PREFERRED NAME: DATE OF BIRTH: / /

PRIVATE ADDRESS:

..... POSTCODE:

OCCUPATION: EMPLOYER:

BUSINESS NAME & ADDRESS:

..... POSTCODE:

COMPANY POSITION:

TELEPHONE: (W) (H) (MOB.)

FACSIMILE: (W) (H)

EMAIL: (W) (H)

For OFFICE USE ONLY – Details given to Candidate upon receipt of Application paperwork

Date Received: / /

Golflink No.:

Membership No.

Initial Account: \$

Receipt No:

New Members Night: / /

Noticeboard: / /



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NEXT OF KIN / EMERGENCY CONTACT DETAILS:

NAME: RELATIONSHIP:

ADDRESS:

..... POSTCODE: PHONE:

If next of kin address is same as applicant, please write as above

PROPOSER DETAILS:

NAME IN FULL:

SIGNATURE:

SECONDER DETAILS:

NAME IN FULL:

SIGNATURE:

GOLFING DETAILS:

Where applicable

Do you have a current or previous handicap? HANDICAP: GOLFLINK No:

How long have you played golf? Where do you currently play

What is your average score? Are you or have you been a member of another golf club?

If so, name of Club/s? Has Candidate ever been refused membership of this, or any other Club? If so, give details

What other Berwick Montuna members does the Candidate know?

DATE: / / SIGNATURE OF CANDIDATE:

Per Article 3E of the Club's Constitution, every member of the Club undertakes to contribute to the Assets of the Club. In the event of the Club being declared insolvent, or wound up, every member will be liable for a maximum payment of \$20 in order to address any outstanding debts and liabilities.



BERWICK MONTUNA GOLF CLUB
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