

# 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 | Intermediate<br>(21-24) | Junior<br>(U14) (14-17) (18-20) | 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: ..... / ..... / .....

Golfink No.: .....

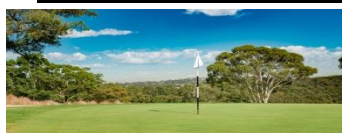
Membership No. ....

Initial Account: \$ .....

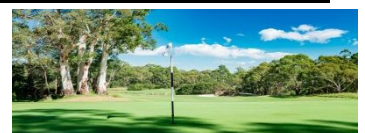
Receipt No: .....

Date Processed: ..... / ..... / .....

Welcome: ..... / ..... / .....



**BERWICK MONTUNA GOLF CLUB**  
335 Emerald – Beaconsfield Rd, Guys Hill, 3807 Ph 03 9707 1887  
Web [www.berwickmontuna.com.au](http://www.berwickmontuna.com.au) Email [info@berwickmontuna.com.au](mailto:info@berwickmontuna.com.au)



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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. Memberships can only be cancelled at the completion of the Club's membership year. No refunds will be issued on any unused periods of membership.



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