Moe Golf Club inc.

P.O. Box 260, Moe 3825 Telephone (03) 5127 2731
ABN: 75 656 343 443 Inc. No. A00086708

MEMBERSHIP NOMINATION FORM - Applicant Information & Tax Invoice							
Full Name	*Surname*		*Given*			**M**	**F**
Address							
	Town		*State*		*Postcode*		
Phone (BH)			*Phone (AH)*				
Mobile			*Occupation*				
Email				*DOB*	/ /		

Membership Information

I hereby apply to become a member of Moe Golf Club Incorporated and, if elected, I will abide by all the rules of the Club. Application for Membership Category

(Refer to Membership Categories & Fees for membership details)

A	Ordinary Member	Persons with full membership privileges				
B	Spouse Member	Person with a spouse or partner who is a member				
C	Senior Member	Persons who have reached "age pension" age				
D	9 Hole Member	Persons with full privileges, except 18 hole competitions				
F	Introductory Member	Discounted membership for first year of	**A**	**B**	**C**	**G**
G	Disability Member	Persons who hold a Disability Support pension card				
S	Student Member	Full time student, apprentice or trainee under the age of 25				
J	Junior Member	Persons under 18 years of age free				
N	Country Member	Persons who reside more than 30 KM radius from clubhouse				
T	Clubhouse Member	Persons with social privileges only				
P	Social Playing Member	Non competition players, access to course & clubhouse only				
Z	Clinic Member	Access to course during non competition times & all clinic times				
M1	6 Month Member	Membership period 1st October to 31st March				
M2	6 Month Member	Membership period 1st April to 30th September				

Golflink Information

Member of a previous golf club, please provide Golflink number:		
Members of more than one Golf Club can only nominate one club for their handicap. Are you nominating Moe Golf Club as your home club?	**YES**	**NO**
If NO, who is your home Club?	*Golf Club:*	*Golflink Number:*

Signatures

Signature of Applicant:		
Signature of Proposer:		*Print Name:*
Signature of Seconder:		*Print Name:*

PAYMENT OF SUBSCRIPTIONS MUST ACCOMPANY THIS APPLICATION FORM

Amount paid $ Inc GST	Received Date / /	Staff Initial