



# Moe Golf Club inc.

P.O. Box 260, Moe 3825

ABN: 75 656 343 443

Telephone (03) 5127 2731

Inc. No. A00086708



## MEMBERSHIP NOMINATION FORM - Applicant Information & Tax Invoice

<b>Full Name</b>	<i>Surname</i>	<i>Given</i>	<b>M</b>	<b>F</b>
<b>Address</b>				
	<i>Town</i>	<i>State</i>	<i>Postcode</i>	
<b>Phone (BH)</b>		<i>Phone (AH)</i>		
<i>Mobile</i>		<i>Occupation</i>		
<i>Email</i>			<i>DOB</i>	/ /

## 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)

<b>A</b>	Ordinary Member	Persons with full membership privileges				
<b>B</b>	Spouse Member	Person with a spouse or partner who is a member				
<b>C</b>	Senior Member	Persons who have reached "age pension" age				
<b>D</b>	9 Hole Member	Persons with full privileges, except 18 hole competitions				
<b>F</b>	Introductory Member	Discounted membership for first full year of	<b>A</b>	<b>B</b>	<b>C</b>	<b>G</b>
<b>G</b>	Disability Member	Persons who hold a Disability Support pension card				
<b>S</b>	Student Member	Full time student, apprentice or trainee under the age of 25				
<b>J</b>	Junior Member	Persons under 18 years of age free				
<b>N</b>	Country Member	Persons who reside more than 25KM driving from clubhouse				
<b>T</b>	Clubhouse Member	Persons with social privileges only				
<b>P</b>	Social Playing Member	Non competition players, access to course & clubhouse only				
<b>Z</b>	Clinic Member	Access to course during non competition times & all clinic times				
<b>M1</b>	6 Month Member	Membership period 1st October to 31st March				
<b>M2</b>	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?		<b>YES</b> <b>NO</b>
If NO, who is your home Club?	<i>Golf Club:</i>	<i>Golflink Number:</i>

## Signatures

Signature of Applicant:	
Signature of Proposer:	<i>Print Name:</i>
Signature of Seconder:	<i>Print Name:</i>

## PAYMENT OF SUBSCRIPTIONS MUST ACCOMPANY THIS APPLICATION FORM

Amount paid \$	Inc GST	Received Date	/ /	Staff Initial	
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