



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

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 full 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 25KM driving 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
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