



Moe Golf Club Inc.

P.O Box 260, Moe 3825

Telephone: (03) 5127 2731

Fax: (03) 5126 4023

ABN: 75 656 343 443

Inc. No: A00086708



MEMBERSHIP NOMINATION FORM

Applicant Information

Full name	Last Name:	Given Name:	M	F
Address				
	Town:	State:	Postcode:	
Phone (BH):	Phone (AH):			
Mobile:	Email:			
Occupation:	Date of Birth: / /			

Membership Information

I hereby apply to become a Category _____ member of the Moe Golf Club Incorporated, and if elected will abide by the rules of the Club. Refer to Membership Categories & Fees for membership details.

A Ordinary Member	Person with full membership privileges
B Spouse Member	Persons with a spouse or partner who is a member
C Senior Member	Persons who hold an Australian Government Pensioner Concession card
D 9 Hole Member	Persons with full privileges, except 18 hole competitions
F Introductory Member	Discount for first year of A, B, or C membership
G Disability Member	Persons who hold a Disability Support Pension Card
S Student Member	Full time student under the age of 23
J Junior Member	Persons under 18 years of age, sub-junior U12 Free
M Family Member	Persons under the age of 18, family member of an ordinary member
N Country Member	Persons who reside more than 50 km radius from Club House
T Clubhouse Member	Persons with social privileges only
P Social Playing	Non competition players, access to the course and Club House only
Z Clinic Member	Access to course, non competitions times, & all clinic times

Golflink Information

Members of more than one Golf Club can only nominate one Club for their handicap.

Are you nominating Moe as your home Club? YES / NO (circle one)

If No, which Club is your home Club?

Golflink Number:

Signatures

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

PAYMENT OF SUBSCRIPTION MUST ACCOMPANY THIS FORM

Amount Paid:	Received Date:	Initial
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