



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	<i>Surname</i>	<i>Given</i>	M	F
Address				
	<i>Town</i>	<i>State</i>	<i>Postcode</i>	
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 50 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 \$ <input type="text"/>	<small>Inc GST</small>	Received Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Staff Initial <input type="text"/>
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