

Mt. Pleasant
AND DISTRICT
Golf Club INC.
Springton Road – Mt. Pleasant
ABN 18 403 605 674

APPLICATION FOR MEMBERSHIP

FULL NAME

OCCUPATION

POSTAL ADDRESS

..... POST CODE

EMAIL

TELEPHONE Home Work Mobile

MEMBERSHIP CATEGORY

(IF **JUNIOR**) DATE OF BIRTH

PREVIOUS CLUB HANDICAP

GOLF LINK NO. (If transferring from another Club & they are online).....

I, the above named applicant, do hereby agree to become a Member of the Mt. Pleasant & District Golf Club Inc. and agree to be bound by the Constitution and Rules thereof.

SIGNATURE OF APPLICANTDATE

We hereby nominate the above applicant for Membership.

PROPOSED BY SIGNATURE

SECONDED BY SIGNATURE

MEMBERSHIP FEE \$ RECEIPT No. DATED

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www.mtpleasantgolfclub.com.au