



MEMBERSHIP APPLICATION

(BLOCK LETTERS - TO BE COMPLETED BY APPLICANT)
IDENTIFICATION REQUIRED UPON APPLICATION

SURNAME TITLE.....

GIVEN NAMES..... KNOWN AS

D.O.B... .. / .. / .. OCCUPATION..... EMPLOYER

ADDRESS

SUBURB STATE POST CODE

HOME PHONE MOBILE.....

EMAIL.....

EMERGENCY CONTACT PERSON PHONE.....

Category of Membership Applied for:

7 Day Men 5 Day Men 5 Day Ladies Intermediate Junior Cadet Fairway

Are you the holder of a current Australian Golf Handicap? YES / NO

If Yes Where?..... Handicap

For Handicapping where do you wish your Home Club to be?

Golflink Number Exact Name on Card

Has your application for Membership to any Club been deferred or rejected? YES NO

Names of Club Members known to Candidate

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“Please note that in making application for membership of Mona Vale Golf Club you acknowledge and accept that you will be subject to the Australian Handicap System Handicapping System and your handicap may be reviewed in the absolute discretion of the General Committee/Board on the basis of any cards returned in any competition.

By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee/Board in relations to a review of your handicap.”

I am eligible for and hereby apply for membership of Mona Vale Golf Club Limited. I have never been guilty of any conduct prejudicial to the interests of Mona Vale Golf Club Limited. If elected I agree to be bound by the Constitution and any Rules, Regulations or By-Laws of the Club from time to time. I certify that the above is true and correct.

SIGNATURE of Applicant Date:/...../.....

NOMINATION

I, M’ship No.....

PROPOSE as a member of the Mona Vale Golf Club.

The applicant has been known to me for a period of years and has stated to me that the above application is true and correct in every particular. From my personal experience I consider the candidate to be suitable for membership of the Club in every respect.

SIGNATURE of Proposer Date:/...../.....

OFFICE USE ONLY

DATE OF APPLICATION /..... /..... IDENTIFICATION PROVIDED YES NO

TYPE OF IDENTIFICATION PROVIDED

IDENTIFICATION NUMBER RECEIVED BY

We look forward to hearing from you

www.mvgc.com.au
 Golf Avenue
 Mona Vale NSW 2103
 9999-4266