

Mangrove Mountain Memorial Club Ltd

ACN 001 0390765

18 Hallards Road
Central Mangrove 2250

PH: 0243 731129
Pro Shop: 024373 1075

Email: mmmclub@bigpond.com.au
Web: mmmclub.com.au

MEMBERSHIP APPLICATION

Please print

I, Mr /Mrs/Miss/M/S
SURNAME GIVEN NAME

Residential Address

Of (No.).....(Street).....

Suburb Post Code

Mailing Address (if Different)

.....

Ph; (H) Mobile:

(W)..... E-Mail

Occupation Date of Birth/...../.....

Do you wish to receive the Annual Report of the Club **YES / NO**

Do you give permission for the Club to give other Members your Telephone Number **YES / NO**

Do you wish to receive SMS and/or email alerts about upcoming events at the Club **YES / NO**

Golf Applicants –

Do you wish your name & telephone number to be printed in the Annual Golf Handbook **YES / NO**

Are you currently a member of Golf Link, please supply Membership Number

Do you wish Mangrove Mountain to be your home club **YES / NO**

Agree to be bound by the Club's Memorandum and Articles of Association, Rules and By Laws of the Club, which from time to time may be in force.

Signed Date/...../.....

Proposed by Signature Badge No.....
Please Print

Seconded by Signature Badge No.....
Please Print

MEMBERSHIP CATEGORIES *Please indicate your preference*

- Ordinary Member
- Ordinary Ex-Service Member (Must belong to RSL Sub Branch)
- Golf, Seven Day
- Golf, Five Day (Monday to Friday)
- Golf, Intermediate (18/21 - Must produce student I.D.)
- Golf, Junior (Under 18)

FEE MUST ACCOMPANY FORM

Office Use only

Receipt No: _____

Date Paid: ___/___/___

Membership Approved: ___/___/___

Membership No: _____