

Mangrove Mountain Memorial Club Ltd

ACN 001 0390765

18 Hallards Road Central Mangrove 2250

Phone: 02 4373 1129

MEMBERSHIP APPLICATION

Please print

Mr

I, Mrs

M/S

SURNAME

GIVEN NAME

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

Suburb Post Code

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

Ph; (H) (W) E-Mail

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**

Golf Applicants – do you wish your name & telephone number to be printed in the Annual Golf Handbook **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

Please Print

Signature Badge No.

Seconded by

Please Print

Signature Badge No.

MEMBERSHIP CATEGORIES Please indicate your preference

• Ordinary Member

• Ordinary Ex-Service Member (Must belong to RSL Sub Branch)

• Golf, Male

• Golf, Lady

• Golf, Intermediate (18/21 - Must produce student I.D)

• Golf, Junior (Under 18)

Office Use only

Receipt No.....

Date Paid/...../.....

Membership Approved .../.../.....

Membership No.....

FEE MUST ACCOMPANY FORM