Mornington Golf Club Inc

APPLICATION FOR MEMBERSHIP

We:		&	wish to nominate:
Name _			
Address _			
- Phone Numbers:	(1)	(2)	
Email Address: _			
	Handicap Index:		
Junior Members	hip (Date of Birth) ₋		
Membership Opt	ion:	s	ubscription: \$
Peer Review of have will be displayed of	andicaps to operate	e satisfactorily, your s ase and on the <u>www</u>	dicap Information - To enable scores and the courses played <u>.golf.co.nz</u> website. Would
Yes:		No:	
Golf Club Code or https://www.morn	f Conduct. The Coo ingtongolf.co.nz/wp	de is viewable on the	o abide by the Mornington Club's website n request from the Club.
will be included in	n the yearly program		ames and telephone numbers ay be displayed at the club omination:
Signature:		C	Date:
	ons: Membership Ye	ar: 1 February – 31 Ja	anuary \$540

Weekly/monthly Automatic Payment Options available