



APPLICATION FOR MEMBERSHIP

Title: Mrs / Mr / Ms / Miss / Other _____

First Name: _____

Surname: _____

Also known as: _____ Date of Birth: _____

Mailing Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home Phone: _____

Email: _____

Occupation: _____

Name of an Emergency Contact: _____

Emergency Contact Relationship: _____ Phone: _____

Golfer: Left handed / Right handed

Previous Golf Club: _____

Previous or Current Handicap: _____ Golflink Number: _____

Will Maclean Golf Club be your home club? Yes / No

Membership Type: Full membership Country Social Colt (18-21yrs) Junior (18yrs and under)

*I hereby wish to join the Maclean Golf Club and apply to be admitted as a member thereof and agree to be subject to the Rules and Regulations of the Club. The Board of Directors reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Applicants signature: _____ Date: _____

Proposed by: _____ Seconded by: _____

Proposers signature: _____ Seconders signature: _____

Office Use only:

Date application received: _____ Date application approved: _____

Amount paid: \$ _____ Receipt number: _____

Membership number issued: _____ Date post to Slice: _____

Date membership letter and/or invoice sent: _____

*The MGC will respect and maintain the privacy of your details. To view our Privacy Policy please visit macleangolfclub.com.au

Maclean Golf Club

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