



MEMBERSHIP APPLICATION

Please Print ALL details clearly

Dated: _____

NEW MEMBERSHIP NUMBER: _____

PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____
Mr. Mrs., Miss, etc

Address: _____

Suburb: _____ State: _____ Post Code: _____

Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

EMERGENCY DETAILS (Names to call in case of an Emergency whilst at the Club)

1st Contact: _____ Phone No: _____ Do you wish us to call a Ambulance in _____

2nd Contact: _____ Phone No: _____ an Emergency Yes / No

HANDICAP DETAILS (If you do not have a GolfLink Number, you must provide written evidence from your previous club showing your current exact handicap.)

Previous Club Name: _____ Exact Handicap: _____ GOLF Link No: _____

HANDICAPPER to COMPLETE: (Please tick the Boxes) Entered in GolfLink: New Card Logged: Signed: _____

MEMBERSHIP DETAILS

Membership Category: 7 Day: 5 Day: 7 Day Student: Country: Junior: Cadet:
(Please tick one of the Boxes)

NON PLAYING SECTION

Handicap:
Practice Area:
Social:

Proposed by: _____ Signature: _____
(Print Full Name)

Seconded by: _____ Signature: _____
(Print Full Name)

I hereby wish to apply for membership as stated above, of the Mawson Lakes Golf Club Incorporated. I agree to pay the Total Season Membership Fees. I agree to abide by the rules and regulations of the Mawson Lakes Golf Club Inc.

New Members Signature: _____

OFFICE USE ONLY

Please ensure this section is filled out correctly

Date of Payment: _____ / _____ / _____

Payment Method: CASH EFTPOS CHEQUE

EZIDEBIT Form Completed No. of Payments _____
(Place tick the appropriate boxes)

Membership Letter Issued: Membership Bag Tag Issued: Members Card Issued:
(Please tick the appropriate boxes)

Card No. _____

Person taking Membership: _____
Please print your name

BOARD OF MANAGEMENT

Dated: _____ / _____ / _____

APPROVAL: _____
Accepted / Declined

Declined Reason: _____

Signature: _____

Signature: _____