

Mossman Golf Club Inc

ABN: 2254416654

Newell Beach Road
PO Box 1396
Mossman Q 4873

Ph: 07 4098 1570
Fax: 07 4098 3754

Application for Membership

Surname:		Male / Female:
Given Name:		DOB If under 21:
Postal Address:		
First Phone:	Second Phone:	
Email:		

Nomination fee - Nil

Classification	\$ Value	Receipt Number
Full Year (1st Oct - 30th Sep)		
Full - Pensioner Discount*		
Colt (18-21yrs)		
Junior - Competitive		
Junior - Non Competitive		
Temporary (One Month)		
Social		
Country - Full Year (Member of a club outside the FNQ District)		

We, being financial ordinary members nominate the above person for membership of the Mossman Golf Club Inc.

Proposer:	Seconder:
Signature:	Signature:

I agree to abide by the constitution of the Mossman Golf Club Inc and understand that I am responsible for all fees, levies and charges unless I resign in writing.

Signature of Applicant: _____

Date: _____

Handicap details: To be completed if applicant has a current AGU Handicap

Previous Club:	Golfink Number:
Address:	Phone:

Privacy Statement:

Information gathered on members is not disclosed, sold, or otherwise shared in any format with any other persons or organisations. You are entitled to view information held on you by the Mossman Golf Club. Please contact the President to arrange this at a mutually agreed time and place. You may ask for details to be updated. Please fill out a membership application and the details will be used to update our database.

* Copy of Pension Card or Letter required

Submitted at Committee Meeting on: / /	Signed: _____ (President)
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