



Murrumbidgee Country Club Inc.

Kambah Pool Road Kambah ACT Australia
PO Box 3094 Weston ACT 2611 Australia

APPLICATION FOR MEMBERSHIP 2020 / 2021

I hereby apply for membership of the Murrumbidgee Country Club in the category of membership* indicated below. If accepted, I agree to be bound by the Rules of the Club (Constitution) and the By-Laws of the Club.

I enclose \$..... as payment of the nomination fee with this application.
(\$200/\$50 at 1st July 2020)

Have you ever been suspended, expelled or refused membership at any golf/country club?
YES/NO. If YES please give details.

Signature..... / / 20.....

Please provide the following personal details: (in BLOCK LETTERS)

Surname: Title.....
First Name(s):..... Preferred Name:.....
Address:
..... Postcode.....
Phone No: (Home)..... (Work/Mobile).....
Date of Birth: Occupation:.....
Include me in electronic-mailouts? Y / N
EMAIL ADDRESS..... (Please print carefully)

Membership Category applied for (please mark the appropriate box) :
See over for subscription rates and conditions of discounts available

Golf*	7 day	5 day	Lifestyle	Social
Adult Playing Member				\$10
Intermediate 18-25 yrs				<input type="checkbox"/>
Junior 13-17 yrs				
Sub-Junior 8-12 yrs				
Social Playing				

**SEE PAGE 2
FOR SUBSCRIPTION
PRICES, CONDITIONS
& DIRECT DEBIT
INFORMATION**

Nominated by: Memb. No: Signature:.....

Seconded by: Memb. No: Signature:.....

If you are applying for golf membership and are, or were previously, a member of a Golf/Country Club, please complete the following:

CLUB.....GOLF LINK NUMBER.....

Do you wish Murrumbidgee Country Club to be your Home Club for Handicapping purposes? Yes/No

Current Handicap (evidence attached):

Previous Handicap: Date: / / 20.....

Telephone : 02 6296 2888
Fax : 02 6231 9261

www.murrumbidgeegolf.com.au
email: admin@murrumbidgeegolf.com.au

