



Marton Golf Club (Inc.)

PO Box 76
Marton 4710

Application for Membership

I desire to become a Full Playing/Country/Nine Hole/Summer/Associate Member of the Marton Golf Club.

Please indicate classification here: _____

My current Handicap is: Slope: _____ Handicap: _____ N/A: _____

Last/Current Club: _____ N/A: _____

Note: If under 23 years of age, please state Date of Birth: _____

Title: (Please circle one) Mr. Mrs. Ms. Miss

Full Name: _____

Address: _____

Telephone No.: _____ Fax No: _____

Mobile No: _____ Email: _____

Signature: _____ Date: _____



Approved by Committee: _____ Handicapper Advised: _____

Account Sent: _____ Account Paid: _____ Rec. No: _____

Membership Card Sent: _____ Expiry Date: _____