

MARTON GOLF CLUB (Inc.): P O BOX 76 MARTON

ALL MEMBERSHIP ENQUIRIES TO:

Sharon – 027 308 3203

OR

Shazgolf@hotmail.com

APPLICATION FOR MEMBERSHIP

I wish to become a Member of the Marton Golf Club.

(Please select category and tick)

- Full Playing _____
- Country (Over 35kms) _____
- Remote (Over 100kms) _____
- Nine Hole _____
- Summer (November – March) _____
- Dual (member of another club) _____
- Associate _____
- Student 19 & under 23 years _____
- Junior - Under 19 years _____
- Non- Playing _____

My current Handicap is: Slope _____ Handicap __ N/A _____ (Tick)

Last/Current Club _____ (Tick)

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

FULL NAME: (Please print)
Mr., Mrs., Ms., Miss

Address:

_____ **Post Code** _____

Telephone No: _____ **MB:** _____

Email: _____

Signature: _____ **Date:** _____

Direct Credit payment can be made to Marton Golf Club – **03 0683 0006136 00**

.....