

# MARTON GOLF CLUB (Inc.): P O BOX 95 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) \_\_\_\_\_
- Pay as you Play Member \_\_\_\_\_
- Student 19 & under 23 years \_\_\_\_\_
- Junior - Under 19 years \_\_\_\_\_
- Junior – Under 19 years  
(Marton Golf Club not Home Club ) \_\_\_\_\_
- Social Member \_\_\_\_\_

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:** \_\_\_\_\_  
(Please print clearly)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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