



MARTON GOLF CLUB (INC.)

ALL MEMBERSHIP ENQUIRIES TO:

Sharon – 027 308 3203

OR

martongolfmembership@gmail.com

APPLICATION FOR MEMBERSHIP

Surname _____ First Name _____

Address: _____

Phone/Mobile _____ Date of Birth _____ (If under 23)

Email Address: _____

(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 _____

Golf Details:

Do you wish Marton Golf Club to be your home club? YES/NO

Have you been a member of any other NZ golf club? YES/NO

If "yes" name of golf club _____ Member ID at that golf club _____

Signature: _____

Date: _____

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

Note: If you wish to pay your subscription off, please make arrangements with the treasurer by email: martongolftreasurer@gmail.com

All subscriptions must be fully paid by the 30th November each year.

Facebook: Marton Golf Club Inc

Website: www.martongolfclub.co.nz