

MARTON GOLF CLUB INC. P O BOX 76, MARTON.

ALL MEMBERSHIP ENQUIRIES TO PH: 06 327 6887 or
[**secretary@martongolfclub.co.nz**](mailto:secretary@martongolfclub.co.nz)

**APPLICATION FOR MEMBERSHIP AS A REMOTE
LOCATION MEMBER**

FULL NAME (Please print in block letters)

Mr., Mrs., Ms., Miss _____

ADDRESS _____

TELEPHONE NO: _____ **FAX NO:** _____

MOBILE NO: _____ **E-MAIL:** _____

SIGNATURE: _____ **DATE:** _____

To become a Remote Location Member, you will have full playing rights, but you must reside 100kms or more from the Marton Golf Club.

Payment of a subscription of \$133.00 to accompany this
Application or Direct Credit to **02 0684 0016723 00**

**HAVE YOU PREVIOUSLY BEEN A MEMBER OF A GOLF CLUB? IF SO, PLEASE GIVE DETAILS
HERE:**

Approved by Committee: _____

Handicapper Advised: _____

Subscription Paid: _____ Receipt No. _____

Membership Card Sent: _____

Expiry Date: _____