

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

ALL MEMBERSHIP ENQUIRIES TO:

Rachel – 021443957

or

pencoed@inspire.net.nz

APPLICATION FOR MEMBERSHIP

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

(Please select category and tick. See Page 2 for category conditions/rates)

- 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 _____ N/A _____
(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**

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Approved by Committee: _____ Handicapper Advised: _____

Account Sent: _____ Account Paid: _____