

| MAFFRA GOLF CLUB | | MEMBERSHIP NOMINATION FORM 2024/25 | |
|---|------------|---|--|
| Type of membership:- | | Date :- | |
| (Circle one only) | | Surname :- | |
| 1 Full Membership | \$785.00 | Given Name :- | |
| 2 Couple (Under 70) | \$1,500.00 | Address :- | |
| 3 Senior (70+ yrs) | \$620.00 | Postcode :- | |
| 4 Non Competitive | \$440 | Phone :- | |
| 5 Intermediate (18-35 years) | \$480.00 | Mobile :- | |
| 6 Junior Competitive (under 18) | \$110.00 | Date of Birth :- | |
| 7 Junior Non Competitive | FREE | Occupation :- | |
| 8 Country Member (Over 25k & Full Member) | \$370.00 | Golf Link No :- | |
| 9 Social | \$30.00 | Signature:- | |
| I agree to abide by the rules and the | | Email(Print clearly) | |
| "Code of Conduct" of the Maffra Golf Club. | | | |
| Office Use :- | | Nominator :- | |
| Committee Approval :- ___/___/2024/5 | | Seconded :- | |
| Invoice Date ___/___/2021___ | | Date :- ___/___/2024/5 | |
| Amount to be paid. \$ _____ | | The above applicant is personally known to us & we believe to be an elected member of the Maffra Golf Club. | |
| Golf Link Number :- | | | |
| Handicap :- | | | |
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