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Marrickville
golf



MARRICKVILLE GOLF CLUB
MEMBERSHIP APPLICATION FORM

Application Date: _____ Membership Type: Golf / Social

Title: _____ Name: _____ Surname: _____

Address: _____ City: _____

State: _____ Postcode: _____ DOB: _____

Postal Address (If different from above)

Address: _____ City: _____

State: _____ Postcode: _____

Contact Details

Mobile: _____ Home Phone: _____

Work Phone: _____ Occupation: _____

Email: _____

In the event of an emergency who would you like us to contact?

Name: _____ Relationship: _____

Phone Number: _____

If you have been or still are a member of another golf club please complete the following.

Golf Club: _____ H/Cap: _____ Golf Link: _____

Are you still a member of this club? YES / NO

Would you like Marrickville Golf Club to be your home club? YES / NO

Applicant's Signature: _____

I, _____ wish to become a member of Marrickville Golf Club Ltd, I agree to pay all subscription fees to maintain my membership at Marrickville Golf Club by their due date. Failure to pay membership fees may result in cancellation of your membership.

OFFICE USE

Slice: Y / N Membership Number: _____ Receipt Number: _____

Date received: _____