



Morningsong Golf Club Inc.

P.O.Box 80, Morningsong, VIC, 3931
Clubhouse: (03) 5975 2784, Pro Shop: (03) 5975 4171
Fax: (03) 5975 2866
manager@morningsonggolf.com.au
Membership Application Form

Title _____ Christian Name: _____ Surname _____

Preferred Name _____ Date Of Birth _____ / _____ / _____

Home Address _____ Suburb _____ P/Code _____

Home Ph _____ Mobile _____

Email _____ Syllabus Ph _____

Occupation _____ Position _____

Self Employed Yes No

Company Name _____

Co Address _____ Suburb _____ P/Code _____

Co Ph _____ Co Mobile _____

Co Email _____ Co Fax _____

Membership of other Golf Clubs within the last 5 years(State Handicap) _____

Membership of other Clubs _____

Have you ever been refused Membership or been deprived of Membership of any other Golf Club or any other Club of any kind? (If so state reason) _____

I hereby make application to become a _____ Member of the Morningsong Golf Club, and agree, if elected, to be bound by the rules of Association and By-Laws of the Club.

Signature _____

Dated the _____ day of _____ 20 _____

Please Note: The Proposer and Seconder must be financial Members of the Morningsong Golf Club.

PROPOSER:(Print Name) _____ (Signature) _____

How long have you been a member _____

How long have you known the applicant _____

SECONDER:(Print Name) _____ (Signature) _____

How long have you been a member _____

How long have you known the applicant _____