



MOUNT MACEDON GOLF CLUB INC.

MT. MACEDON ROAD. Mt. MACEDON

ABN. 71 030 431 908

Clubhouse Telephone: (03) 5426 1650

Web: www.mtmacedongolfclub.com.au

PRESIDENT: MATT WILLIS

CAPTAIN: MICHAEL DOYLE

HON. SECRETARY: TONY LITTMAN

HON. TREASURER: BRIAN COLLINS

MEMBERSHIP APPLICATION FORM

Please ensure all details are provided as this will avoid any delay in processing the application.

Please address all correspondence to:

Hon. Treasurer, Mount Macedon Golf Club, PO Box 2, Mt Macedon, Vic, 3441

Mr. /Mrs. /Ms. (Please Circle)	SURNAME:	FIRST NAME:
POSTAL ADDRESS:	
CITY/TOWN:	POST CODE:
TELEPHONE:	MOBILE:	
EMAIL:		
OCCUPATION:	DATE OF BIRTH:/...../..... (Reqd. for Insurance.)	
I/ we wish to APPLY for Membership of Mount Macedon Golf Club Inc. for the upcoming season in the following category (Please tick relevant box)		
<input type="checkbox"/> 7 DAY FULL MEMBERSHIP \$480.00	<input type="checkbox"/> 5 DAY WEEKDAY ONLY MEMBERSHIP \$420.00	
<input type="checkbox"/> 7 DAY FULL JUNIOR MEMBERSHIP \$95.00 (Up to 18 years old)	<input type="checkbox"/> STUDENT MEMBERSHIP \$140.00 (Full time students 18 -25 years old. Proof to be provided)	
<input type="checkbox"/> ADULT CONCESSION MEMBERSHIP \$410.00 (must be in possession of a Commonwealth Gov't concession card)	<input type="checkbox"/> 7 DAY SUMMER MEMBERSHIP \$285.00	
*** ALL MEMBERSHIP FEES QUOTED INCLUDE GST*** PRORATA WILL BE APPLIED ACCORDINGLY TO THE ABOVE FEES		
I / we agree to abide by the Rules & Regulations of the Mount Macedon Golf Club Inc. (Applicants must be proposed and seconded by a financial member of Mount Macedon Golf Club)		
SIGNED:		DATE:/...../.....
PROPOSED By:(BLOCK LETTERS)	SIGNATURE:	
SECONDED By:(BLOCK LETTERS)	SIGNATURE:	
Are you or have you been a member of any other Golf Club? YES / NO (Please Circle). If Yes please list the name/s of the club/s, and your current handicap and Golf Link Number at that golf club.		
GOLF CLUB: CURRENT HANDICAP:GOLF LINK NUMBER:		
OFFICE USE ONLY	APPROVED BY MMGC C'tee:/...../.....	MEMBERSHIP FEES DUE: 31/07/2023
DATE RECEIVED:/...../.....	AMOUNT RECEIVED: \$.....	RECEIPT NUMBER:
MEMBERSHIP TAG & RECEIPT SENT:/...../.....		MEMBERSHIP TAG NUMBER:

Playing rights approved on receipt of payment, and membership rights pending approval by the Committee.

Membership Period 1/7/2023 – 30/6/2024