



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: MATTHEW WILLIS

CAPTAIN: MICK DOYLE

HON. SECRETARY: TONY LITTMAN

HON. TREASURER: BRIAN COLLINS

COUNTRY 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 Country Membership of Mount Macedon Golf Club Inc.		
<input type="checkbox"/> MT. MACEDON GOLF CLUB COUNTRY MEMBERSHIP - TYPE A \$160.00 per year 1. MMGC Country members are eligible for a maximum of 15 games per year at MMGC after which half full green fees will be applicable. 2. Available for any golfer who ALREADY has a FULL MEMBERSHIP of another golf club and is living outside a 60 k radius of MMGC. 3. Country Members will be eligible to play in the Club Championships if they meet the normal criteria for eligibility.		
<input type="checkbox"/> MT. MACEDON GOLF CLUB COUNTRY MEMBERSHIP - TYPE B \$180.00 per year 1. MMGC Country members are eligible for a maximum of 15 games per year at MMGC after which half full green fees will be applicable. 2. Available for any golfer who is NOT a full member of another golf club and is living outside a 60 k radius of MMGC. 3. Country Members will be eligible to play in the Club Championships if they meet the normal criteria for eligibility.		
*** 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