



Ritter Street MURRAY BRIDGE SA 5253

Phone: 08 8531 1388

Email: admin@murraybridgegolfclub.com.au

APPLICATION FOR MEMBERSHIP

I wish to join the Murray Bridge Golf Club and apply to be admitted as a Member and agree to be subject to the Rules and Regulations of the Club.

The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature _____ Date _____ Membership Type _____

Please note all fields on this form are important and will ensure we are able to better assess the makeup of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's Privacy Policy is available from the office.

PLEASE PRINT CLEARLY

Mr Mrs Ms Other _____

First Name _____ Known as _____

Surname _____ Middle Initial _____

Date of Birth _____

Home Address _____

Suburb _____ Postcode _____

Postal Address _____

Suburb _____ Postcode _____

Phone Home _____ Business _____

Mobile _____ Fax _____

Email _____ Occupation _____

Previous Golf Club _____ Will we be your Home Club? Yes No

Previous Golflink Number _____ Left Handed Right Handed

Previous Handicap _____

EMERGENCY FAMILY CONTACT INFORMATION

Name (First and Surname) _____

Relationship (i.e. Wife, Son, Friend) _____

Phone Number _____

OFFICE USE ONLY

Posted to Slice Membership Number _____

Receipt Number _____ Date Received _____