



NAME	
STREET ADDRESS	
SUBURB	
DATE OF BIRTH	
PHONE	
EMAIL	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	
OCCUPATION	
FORMER CLUB	
GOLFLINK NUMBER	
MEMBERSHIP CATEGORY	

I _____ hereby apply for admission to membership of the Mount Gambier Golf Club

I understand that The Mount Gambier Golf Club may accept or reject my application under clause 5.3 of the Constitution. (Constitution available on request)

I consent to the above membership application being available for MGGC related matters only, eg Local Newspaper articles, internal email distribution lists & Facebook posts

I consent to The Mount Gambier Golf Club direct debiting the below bank account on a monthly basis for all fees and charges due on my membership. I understand that once levied, my membership is due and payable in full and I am required to provide 30 days notice of my resignation as a member.

Bank:	Name on account:
BSB:	Account Number:

Signed _____

Office Use Only:

M/Ship Number		Outlook Email	
Bag Tag		M/Ship card:	
Committee Approval		Direct debit setup:	
Member Photo loaded			

235 Attamurra Road (PO Box 1027) Mount Gambier SA 5290 – Phone **08 8725 7739**

Email: admin@mtgambiergc.com.au – Web: www.mtgambiergc.com.au