



**PORT MACQUARIE GOLF CLUB LTD**

[pmgc@midcoast.com.au](mailto:pmgc@midcoast.com.au)  
ABN 76 000 100 854



Ocean Drive PORT MACQUARIE NSW 2444  
Phone: 02 6582 0409 Fax: 02 6582 2116

**APPLICATION FOR MEMBERSHIP**

I wish to join Port Macquarie Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature.....Date..... Type .....

Please note all fields are important and will ensure we are able to better assess the make-up 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 on request from the office.

**PLEASE PRINT CLEARLY**

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) .....

First Name ..... Known as.....

Surname ..... Middle Initial .....

Home Address.....

Suburb..... Postcode .....

Postal Address .....

Suburb..... Postcode .....

Telephone: Home ..... Business .....

Fax ..... Mobile .....

E-Mail .....

Occupation.....

Left/Right Handed ..... Date of Birth...../...../.....

Previous Golf Club..... Previous Handicap.....

Previous Golfink Number..... Will we be your Home Club.....

Proposed..... Seconded.....

Emergency Family Contact Information:

Name (Print First and Surname) .....

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

Phone Number (for emergency contact) .....

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**OFFICE USE ONLY**

Posted to Slice

Membership Number Issued:- .....

Receipt Number:.....Date of Meeting Approved:.....

Date Received: .....Date letter/account Sent:.....