JUNIOR MEMBERSHIP APPLICATION FORM

MACKSVILLE COUNTRY CLUB LTD
PO Box 118 MACKSVILLE NSW 2447
Phone: (02) 6568 1400 Fax: (02) 6568 4044
Email: office@macksvillecountryclub.com.au

2024 – 2025 MEMBERSHIP TYPE

Junior (under 18) Membership – Golf OR Bowls	$20	
Plus Golf affiliation fees – as applicable	$50	
Plus Bowls affiliation fees – as applicable	$50	

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JUNIOR APPLICANT'S DETAILS

I, Master / Miss _____

(Please print your full name)

Residential Address:_____

_____**Post Code**_____

Postal Address:_____

Date of Birth:_____ **Occupation** :_____

Email Address:_____

Mobile Phone: _____ **Home Phone**: _____

Emergency Contact Name: _____ **Contact Number**: _____

(CURRENT DRIVER'S LICENCE / VALID PHOTO ID – PHOTOCOPIED & ATTACHED – YES / NO (please circle))

I, the undersigned, wish to apply for junior membership of the Macksville Country Club Ltd. I request that you enter my name on the register of members as indicated above and I agree to be bound by the current Constitution, rules and regulations and by-laws of the club as may be enacted by the Macksville Country Club Ltd. from time to time.

Nominated by: _____ _____ _____
Print name Signature Membership No.

Seconded by: _____ _____ _____
Print name Signature Membership No.

Signature of junior applicant: _____ **Date**:_____/_____/_____

Signature of parent / guardian: _____ **Date**:_____/_____/_____

Fees must accompany this form and a membership card will be issued after the application is approved by the Board. If your membership is declined your fees will be refunded.

OFFICE USE ONLY

Board Approved_____ Date:_____/_____/_____
Receipt No._____ Date _____/_____/_____
Member No. _____ Staff_____
Amount Paid _____ Card printed _____ Date printed _____/_____/_____