



MANJIMUP COUNTRY CLUB INC.

MEMBERSHIP NOMINATION FORM

Name:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	
Address:	
Phone: (Mobile)	
(Home)	
Date of Birth:	
Nominated by: (Name)	
(Signed)	
Seconded by: (Name)	
(Signed)	
I wish to apply for:	Golf-Full Competition Golf-Non Competition Golf-FIFO (conditions apply) Golf- 12 game membership Golf –Country membership Junior membership Bowls Social Membership
Nomination fee of \$_____ enclosed <input type="checkbox"/> Sporting: \$15.00 <input type="checkbox"/> Social: nil <input type="checkbox"/> Junior: nil	
Signed:	
Date:	

CONTACT

GOLF LINKS ROAD OFF PERUP ROAD, MANJIMUP, WESTERN AUSTRALIA, 6258

PHONE: (08) 9771 1032

GENERAL ENQUIRIES: ADMIN@MANJIMUPCOUNTRYCLUB.COM.AU

GOLF ENQUIRIES: GOLF@MANJIMUPCOUNTRYCLUB.COM.AU