



ROYAL PORT MORESBY GOLF CLUB INC.

2024 Membership Application Form

MEMBERSHIP CATEGORY	TITLE	FAMILY NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED NAME	DATE OF BIRTH	MEM #
FULL PLAYING							
FAMILY MEMBERSHIP							
MIDWEEK							
LIFESTYLE							
INTERNATIONAL							
JUNIOR							
SOCIAL							

NEW MEMBER DETAILS

	FIRST MEMBER	SECOND MEMBER
POSTAL ADDRESS	PO BOX _____ SUBURB _____	PO BOX _____ SUBURB _____
TELEPHONE NUMBERS & EMAIL ADDRESSES	WORK _____ HOME _____	WORK _____ HOME _____
	MOBILE _____	MOBILE _____
	EMAIL _____	EMAIL _____
YOUR EMPLOYER(S) & OCCUPATION	EMPLOYER _____	EMPLOYER _____
	OCCUPATION _____	OCCUPATION _____
PREVIOUS CLUB & HANDICAP	CLUB _____	CLUB _____
	STATUS _____ HANDICAP _____	STATUS _____ HANDICAP _____

PROPOSER & SECONDER DETAILS

PROPOSER & SECONDER	PROPOSED BY _____	SECONDED BY: _____
	(PRINT NAME)	(PRINT NAME)
	_____	_____
	(SIGNATURE)	(SIGNATURE)
<p>Note: Your application must include a Proposer and Seconder who must both be financial members of The Royal Port Moresby Golf Club, Applications without both a Proposer AND a Seconder will be declined</p>		

Evidence of previous handicaps (if any) must accompany this application otherwise the required number of scorecards according to the PNGGA regulations must be lodged before a playing handicap can be allocated. Any member wishing to resign shall do so in writing whilst his/her membership is current. Payments of accounts may be made to the office during the advertised hours of operations

I/we hereby apply for membership of Royal Port Moresby Golf Club. If my/our membership application is accepted I/we agree to abide by the Rules of the Club including the Bylaws attached to this application which I/we have read and understood

DATE: _____

APPLICANTS SIGNATURES _____