



MEMBERSHIP APPLICATION

WYNNUM GOLF CLUB: 2021/2022

(subscription year ending 30 Sept 2022)

Wynnum Golf

64 Stradbroke Avenue,

PO Box 707 Wynnum QLD 4178

Club: (07) 3396 9000

ProShop: (07) 3396 9861

membership@wynnumgolf.com.au

www.wynnumgolf.com.au

PERSONAL PARTICULARS

First Name/s		Surname	
(Mr/ Mrs/ Ms/ Miss/ Other):	Gender:	D.O.B	
Street Address:			
Postal Address (If different from above)			
Preferred Phone:		Alternate Phone:	
Email Address			
Occupation / Role / Title:			
Employer / Business / Industry			

MEMBERSHIP CATEGORY (Please tick ✓)

<input type="radio"/> 7 DAY	<input type="radio"/> PRE-JUNIOR (0-14YRS)	<input type="radio"/> COUNTRY
<input type="radio"/> 6 DAY (EXCL SAT)	<input type="radio"/> JUNIOR (15-17YRS)	<input type="radio"/> CORPORATE
<input type="radio"/> LIFESTYLE	<input type="radio"/> INTERMEDIATE (18-24YRS)	<input type="radio"/> TRIAL (# TICK APPLICABLE CATEGORY)



APPLICATION FOR MEMBERSHIP: 2021/2022 continued:

GOLFING INFORMATION:

Golf HISTORY: Have you previously held an official golf handicap: Yes No if yes:

Club _____ State _____

Golfink Number (if known) _____

Is Wynnum GC to be your Home Club? Y / N Yes No

I approve Wynnum Golf Club to share and/or list my name and photo image in the Club member directory, and Club communications. Yes No

I here apply for membership of Wynnum Golf Club and agree to abide by the rules and by-laws of the Club

Date of Signature

MM	DD	YY

Signature of the Person Submitting this Form

About You (optional information)

Please feel welcome to mention any past or present family members of the Club, or other Club, golf industry or golf playing highlights you may like the Board to be aware of:

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PROPOSER NAME: M'SHIP NO: Signature Date:

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SECONDER NAME: M'SHIP NO: Signature Date:

If Proposer & Seconder are not known or available, members of the Board may fulfil this function