



64 Stradbroke Avenue, Wynnum QLD 4178
 P.O BOX 707 Wynnum QLD 4178
 Phone: (07) 3396 9000
 Fax: (07) 3396 2176
 Email: admin@wynnumgolf.com
 Website: www.wynnumgolf.com

APPLICATION FOR MEMBERSHIP: 2020/2021

PERSONAL PARTICULARS (Please print clearly AND complete all fields)

FAMILY / SURNAME:		
CHRISTIAN / GIVEN NAMES:		
PREFERRED NAME:		
DATE OF BIRTH: ___/___/_____	Male / Female	TITLE: Mr/ Mrs/ Ms/Miss/Other:
EMAIL Address:		
STREET ADDRESS:		
		POSTCODE:
POSTAL ADDRESS (If different from above):		
Preferred Telephone: Home / Mobile:		Alternate Number:
Occupation / Employer:		
Relative of a Current WGC Member: YES / NO	Member Name:	
EMERGENCY CONTACT or GUARDIAN :		(PH):
HOW DID YOU HEAR ABOUT US? Webpage <input type="checkbox"/> Ladies Let's Golf <input type="checkbox"/> Member <input type="checkbox"/> Other <input type="checkbox"/> (specify): _____		
GOLFING INFORMATION:		
Is Wynnum GC to be your Home Club? YES / NO	If "NO": Which Club is your current Home Club? _____ GolfLink Number at this Club? _____	
Golf HISTORY: Have you ever held an Australian Handicap or Non-Australian Handicap: NO / YES. If "YES", what is the name of the Club, State & or Country and most recent handicap value. _____ GolfLink No (if you know it) _ _ _ _ _		
TYPE OF MEMBERSHIP		
<input type="radio"/> # 7 DAY / Ordinary / Intro	<input type="radio"/> # JUNIOR (15-17yrs)	<input type="radio"/> TRIAL (# Tick applicable category)
<input type="radio"/> # 6 DAY (excl Sat)	<input type="radio"/> # PRE-JUNIOR (0-14yrs)	<input type="radio"/> CORPORATE
<input type="radio"/> # INTERMEDIATE (18-24yrs)	<input type="radio"/> COUNTRY	<input type="radio"/> LIFESTYLE
I WISH TO APPLY FOR MEMBERSHIP OF WYNNUM GOLF CLUB INC. IF ACCEPTED, I UNDERTAKE TO ABIDE BY THE RULES AND BY-LAWS THAT APPLY AT THE CLUB. I AGREE TO ACCEPT THE COMMITTEES' DECISION AS FINAL.		
CANDIDATE'S SIGNATURE:		DATE:
** PROPOSER'S NAME:	M'SHIP NO:	SIGNATURE:
**Not essential but MUST be completed if Proposing Member is claiming the New Member Introduction Incentive House Credit		
OFFICE USE ONLY:		
DATE RECEIVED:		
DATE PAID:	MEMBERSHIP NO:	MEETING DATE:
WGC GolfLink Number: _____	3 Cards needed for Handicap? Y / N	New Handicap: _ . _
Comments:		