

APPLICATION FOR MEMBERSHIP: 2021/2022

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 <u>ever</u> held an Australian Handicap or Non-Australian Handicap: NO / YES . If " <u>YES</u> ", what is the name of the Club, State & or Country and most recent handicap value. _____ GolfLink No (if known) _____ | | |
| TYPE OF MEMBERSHIP | | |
| <input type="radio"/> # 7 DAY Ordinary | <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 <u>MUST</u> 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: | | |