

APPLICANT DETAILS

First Name/s		
Preferred Name		
Surname		
Mr / Mrs / Ms / Miss / Other	Gender	Date of Birth
Street Address		
Postal Address (If different from above)		
Preferred Phone	Alternative Phone	
Email Address		
Occupation / Role / Title		
Employer / Business / Industry		



MEMBERSHIP CATEGORY

(Please select one of the following options with a tick ✓)

<input type="checkbox"/> 7 Day	<input type="checkbox"/> 6 Day	<input type="checkbox"/> Lifestyle
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Junior (15 - 17yrs)	<input type="checkbox"/> Pre Junior (5 - 14yrs)
<input type="checkbox"/> Other	<input type="text"/>	

Please return completed form in person, via post or email:
Wynnum Golf Club
76 Stradbroke Avenue
PO Box 707 Wynnum QLD 4178
membership@wynnumgolf.com.au



GOLFING INFORMATION

Have you previously held an official golf handicap? Yes No

Club State

Golflink Number (if known)

Is Wynnum Golf Club to be your Home Club? 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 hereby apply for membership of Wynnum Golf Club and agree to abide by the rules and by-laws of the Club.

Signature of the person submitting this form	Date of Signature		
<input type="text"/>	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>

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.

Proposer Name	Membership No.	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seconder Name	Membership No.	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Administration Use