Membership Application 2026

Subscription year ending 30 September 2026

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 ✓)

- ☐ 7 Day
- ☐ 6 Day
- ☐ Lifestyle
- ☐ Intermediate
- ☐ Junior (15 - 17yrs)
- ☐ Pre Junior (5 - 14yrs)
- ☐ Other

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

WYNNUM GOLF CLUB
EST 1922

GOLFING INFORMATION

Have you previously held an official golf handicap?	☐	Yes	☐	No

Club	State
Golf ID 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		
	Day	Month	Year

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
Seconder Name	Membership No.	Signature	Date

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

Administration Use	