

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 Application 2027

Subscription Year Ending
30 September 2027

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

PO Box 707 Wynnum QLD 4178

membership@wynnumgolf.com.au



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 my email with Golf Australia and it's digital technology suppliers in Australia and overseas.	☐ 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 Including the Golf Australia National Integrity Framework (NIF), available on our website.

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

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