

MEMBERSHIP APPLICATION

WOLSTON PARK
GOLF CLUB



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ABN: 41 861 017 703 VER 09052013

ID: Type	No.	PROMO:	PRO: Y / N
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PERSONAL DETAILS

Title Mr Mrs Ms Miss Mstr Other _____ Surname _____
Given Name(s) _____ Preferred Name _____ Gender M F
Date of Birth _____ Occupation _____
Address _____ Suburb _____ Postcode _____
Postal Address (if different) _____
Mobile _____ Phone _____ Work _____
Email Address _____ @ _____

Only tick this box if you do NOT wish to receive updates or information from us by Email or SMS

Only tick this box if you do NOT wish to be included in our Members Contact Booklet

GOLF CLUB MEMBERSHIP & HANDICAPPING

Have you ever previously been a member of Wolston Park Golf Club? No Yes Previous # _____

Is Wolston Park Golf Club to be your home Club for handicapping? No Yes

Are you a member of another Golf Club? No Yes Club Name _____

Do you have a current A.G.U. handicap? No Yes Golf Link Number _____

MEMBERSHIP CLASSIFICATION Class of Membership being applied for:

Ordinary 7 Day 6 Day (Sunday to Friday) 5 Day (Monday to Friday)
 Ordinary H&W 7 Day Senior Junior Student (18 - 24) Intermediate

REFERENCES/EMERGENCY CONTACT (2)

Reference &/or Emergency Contact

Name _____ Relationship _____ Phone _____

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Name _____ Relationship _____ Phone _____

I wish to apply for membership at Wolston Park Golf Club Inc. If accepted, I undertake to abide by the Rules and By-Laws of the Club and the Etiquette of Golf. I agree to accept the Management Committee's decision as final. I understand I am liable for membership charges billed to me during my active membership. I understand resignation of this membership will only be accepted in writing addressed to the Secretary Manager.

CANDIDATES SIGNATURE _____

Date _____

----- COMMITTEE USE ONLY -----

PROPOSERS NAME _____ SIGNATURE _____

SECONDEES NAME _____ SIGNATURE _____

APPROVED PRESIDENT _____ DATE _____

----- OFFICE USE ONLY -----

DATE RECEIVED _____ PAID \$ _____ BY: CASH / EFTPOS / CREDIT / CHEQUE / DIRECT DEP.

MEMBERSHIP NUMBER 40118 _____ RECEIPT NUMBER _____ BOOK _____

DIRECT DEBIT BEGIN DATE _____ PREF. DAY/DATE _____ \$ _____ FTN or MTH SAV or C/C

M'SHIP RENEWAL / EXPIRY DATE _____ ENTERED INTO GOLFLINK _____ STAFF INITIALS _____