

# MEMBERSHIP APPLICATION

**WOLSTON PARK**  
GOLF CLUB



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ABN: 41 861 017 703

ID SIGHTED:

Type: \_\_\_\_\_ #: \_\_\_\_\_

Promotion Code/Offer: \_\_\_\_\_

Pro: YES / NO

## PERSONAL DETAILS

Title  Mr  Mrs  Ms  Miss  Dr  Mstr Other \_\_\_\_\_ Gender  M  F

Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if Different) \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

## GOLF CLUB MEMBERSHIP & HANDICAPPING

Have you ever previously been a member of Wolston Park Golf Club? Yes / No

Are you a member of another Golf Club? Yes / No If yes, club name? \_\_\_\_\_

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

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

## MEMBERSHIP CLASSIFICATION Class of Membership being applied for (Please circle)

- Ordinary Male  Ordinary Female  Six Day (Sunday to Friday)  Five Day (Mon to Fri)  
 Ord Husband/Wife  Junior (Up to 17)  Intermediate (18 - 30)  Senior (60+)

## EMERGENCY CONTACT (Minimum 2: Nominate Emergency Contacts)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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 General Manager.*

CANDIDATES SIGNATURE \_\_\_\_\_ Dated this Day \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

### OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ PAID BY: CASH / EFTPOS / CREDIT / CHEQUE

MEMBERSHIP NUMBER \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

DIRECT DEBIT BEGIN DATE \_\_\_\_\_ PREF. DAY/DATE \_\_\_\_\_ FTN or MTH SAV or CREDIT

MEMBERSHIP RENEWAL / EXPIRY DATE \_\_\_\_\_ ENTERED INTO GOLFLINK DATE \_\_\_\_\_

APPROVED PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_