

## MEMBERSHIP APPLICATION

WOLSTON PARK  
GOLF CLUB

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Ellerton Drive, Wacol 4076 | PO Box 343, Goodna 4300 | www.wpgc.com.au

ABN: 41 861 017 703

## Personal Details

Membership N. \_\_\_\_\_

<b>Title</b> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Mstr <input type="checkbox"/>		<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Last Name:</b>		<b>Given Name(s):</b>	
<b>Date of Birth:</b>		<b>Occupation:</b>	
<b>Home Address:</b>		<b>Suburb:</b>	
<b>Postal Address:</b>		<b>Postcode:</b>	
<b>Phone:</b>		<b>Mobile:</b>	
<b>Email:</b>			

## Membership Categories

<input type="checkbox"/> Seven - Day	<input type="checkbox"/> Five Day (Mon – Fri)	<input type="checkbox"/> Junior
<input type="checkbox"/> Seven - Day Partner	<input type="checkbox"/> Intermediate 1 (18 to 25)	<input type="checkbox"/> Senior (60+) Full Member for at least 2 consecutive years
<input type="checkbox"/> Six Day (Sun- Fri)	<input type="checkbox"/> Intermediate 2 (26 to 30)	<input type="checkbox"/> Corporate

## Golf Club Membership &amp; Handicapping

Have you ever previously been a member of Wolston Park Golf Club?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
Are you a member of another Golf Club?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, Club name?	
Do you have a current A.G.U. / Q.G.U. handicap?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Golfink No.:	
Is Wolston Park Golf Club to be your home Club for handicapping?			<input type="checkbox"/> Yes / <input type="checkbox"/> No

## References/Emergency Contact (Minimum 2: Nominate one Emergency Contact)

<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>

## How did you hear about Wolston Park Golf Club? (Please tick the appropriate box)

<input type="checkbox"/> Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Referral by member
<input type="checkbox"/> Magazine	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other:

I wish to apply for membership at Wolston Park Golf Club Inc. If accepted, I undertake to abide by the Constitution and By-Laws of the Club and etiquette of Golf. All membership applications are not final, until approval from the Management Committee.

I agree to accept the 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.

Applicant signature:

Subscription fee:

Date:

<b>OFFICE USE ONLY</b>	<b>Receipt Number:</b> <input type="text"/>
<b>Entered:</b>	<input type="checkbox"/> Member Card <input type="checkbox"/> GolfLink Entry <input type="checkbox"/> Spreadsheet (Members Database)
<b>Method Payment:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS <input type="checkbox"/> Direct Debit <input type="checkbox"/> EZIDEBIT \$ _____