MEMBERSHIP APPLICATION





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ABN: 41 861 017 703

Personal Details				Members	Ship N	
Title Mr □ Mrs □	Ms \(\text{Miss} \)	□ Dr □ M	∕lstr □	Gender:	M□ F□	
Last Name:			Given Nam	Given Name(s):		
Date of Birth:			Occupation	Occupation:		
Home Address:		Suburb:	Suburb:			
Postal Address:			Postcode:	Postcode:		
Phone:		Mobile:	Mobile:			
Email:						
M						
Membership Categories		☐ Five Day (Mon – Fri)		□ lunic	□ Junior	
□ Seven - Day		□ Five Day (IVIOII – FII)		U Juliic		
□ Seven - Day Partner		☐ Intermediate 1 (18 to 25)			☐ Senior (60+) Full Member for at least 2 consecutive years	
□ Six Day (Sun- Fri)		☐ Intermediate 2 (26 to 30)		□ Corp	□ Corporate	
Golf Club Membership &	Handicannin	na				
Have you ever previously		_	n Park Golf Club?		□ Yes / □ No	
Are you a member of another Golf Clu		ub? □ Yes/□ No Ify		If yes,		
Do you have a current A.G.U. / Q.G.U				Club name		
I I) O VOU have a current A				•		
-		·		Committee		
Is Wolston Park Golf Clu		·		Committee	□ Yes/□ No	
Is Wolston Park Golf Clu	b to be your h	ome Club for I	handicapping?		□ Yes/□ No	
Is Wolston Park Golf Clu	b to be your h	ome Club for l	handicapping? inate one Emerge	ncy Contact)	□ Yes/□ No	
-	b to be your h	ome Club for I	handicapping? inate one Emergel ip:	ncy Contact)	□ Yes/□ No	
Is Wolston Park Golf Clu References/Emergency (Name: Name:	b to be your h	ome Club for mum 2: Nom Relationshi Relationshi	handicapping? inate one Emerger ip: ip: (Please tick the ap	ncy Contact) Pho	☐ Yes / ☐ No Done: Done:	
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