



## Personal Details

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

Title	Mrs	MR	MISS	MST	OTHER	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name:					Given Name(s):			
Date of Birth:					Occupation:			
Home Address:					Suburb:			
Postal Address:					Postcode:			
Phone:					Mobile:			
Email:								

## Membership Categories

<input type="checkbox"/> Seven Days	<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 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"/> Y <input type="checkbox"/> N	If yes, Club name? _____
Do you have a current A.G.U. / Q.G.U. handicap?	<input type="checkbox"/> Y <input type="checkbox"/> N	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)

Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____

## 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

# MEMBERSHIP APPLICATION

**WOLSTON PARK**  
GOLF CLUB



p 07 3271 6641 f 07 3271 3553 e admin@wpgc.com.au  
Ellerton Drive, Wacol 4076 | PO Box 343, Goodna 4300 | www.wpgc.com.au

ABN: 41 861 017 703

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> _____
<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 \$_____