



# Wagga Wagga Country Golf Club Ltd Membership Application Form 2016-2017

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone No (H) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone No (W) \_\_\_\_\_ Occupation \_\_\_\_\_

Mobile No \_\_\_\_\_ Email \_\_\_\_\_

### Membership Category (please tick)

- |   |   |
|---|---|
| <input type="checkbox"/> Full Playing Membership  | <input type="checkbox"/> Country 50 Membership    |
| <input type="checkbox"/> Senior Membership        | <input type="checkbox"/> Country 250 Membership   |
| <input type="checkbox"/> Veteran Membership       | <input type="checkbox"/> Social 1 Year Membership |
| <input type="checkbox"/> Full 18 to 29 Membership | <input type="checkbox"/> Social 5 Year Membership |
| <input type="checkbox"/> Defence Membership       | <input type="checkbox"/> Summer Social Adult      |
| <input type="checkbox"/> Junior Membership        | <input type="checkbox"/> Summer Social Junior     |

I agree to be bound to the Wagga Wagga Country Club by its memorandum and articles of association if endorsed.

Have you been a member of Wagga Wagga Country Club previously? YES NO

### Membership of another Golf Club.

- Name of other Golf Club where membership was held \_\_\_\_\_
- Do you wish your handicap to be recorded at Wagga Wagga Country Club? YES NO
- Golfink number with previous club \_\_\_\_\_
- Current Handicap (exact) \_\_\_\_\_ or last known handicap \_\_\_\_\_ Year \_\_\_\_\_

Proposer \_\_\_\_\_ Signature \_\_\_\_\_

Member number \_\_\_\_\_ Date \_\_\_\_\_

Secunder \_\_\_\_\_ Signature \_\_\_\_\_

Member number \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Joining Fee (\$65.00) + Membership fee ( ) = Total Amount: \$ \_\_\_\_\_

*For information regarding the club's **Privacy Policy** see the conditions of membership on the back page.*

*Please read the term & conditions of membership listed overleaf.*

How did you hear about the Wagga Wagga Country Golf Club? \_\_\_\_\_

Would you like to receive the E-Club Newsletters? YES NO

<b>Office Use Only</b>	
Receipt Number _____	Amount \$ _____
Membership accepted YES / NO _____	Member number _____ Bill Class _____
MMS _____ Card Issued _____ Senpos _____	Mail Chimp _____ Signed _____ Date Completed _____