

MEMBERSHIP APPLICATION

I, the undersigned, wish to apply for membership of the Goldfields Golf Club (Inc.) in the following category:
(please circle)

FULL	SUB-JUNIOR 0-11yrs incl.	SUB-JUNIOR 12-14 yrs incl.	JUNIOR 15-17 yrs incl.	TRANSITIONAL 18-20 yrs incl.
Nomination \$200	Nomination \$50	Nomination \$50	Nomination \$50	Nomination \$50
Annual Fee \$1196.00	Annual Fee \$230.00	Annual Fee \$272.00	Annual Fee \$420.00	Annual Fee \$670.00

APPLICANT'S DETAILS

SURNAME FIRST NAME

POSTAL ADDRESS

SUBURB POSTCODE

HOME PH WORK PH

MOBILE PH EMAIL ADDRESS

DATE OF BIRTH GENDER

OCCUPATION COMPANY/BUSINESS NAME:

GOLFING BACKGROUND

How long have you been playing golf?

Just started
 Less than 1 year
 1-3 years
 3-5 years
 More than 5 years

Have you ever been a member of a golf club before?
 YES
 NO

If you have answered "Yes" to above please complete:

NAME OF YOUR LAST CLUB OR CURRENT CLUB

HANDICAP (Current or Past) GOLF LINK NUMBER (Current or Past)

Do you want Goldfields Golf Club to be your home club for handicapping? YES NO

Would you be interested in joining a Committee or Volunteering? YES NO



PO Box 8246
93 Aslett Drive
Hannans WA 6433
Ph: (08) 90211 330
Em: admin@goldfieldsgolfclub.com.au

SIGNATURES

The prescribed nomination fee is attached herewith. If my membership application is successful I agree to be bound by the Constitution and the regulations of the Goldfields Golf Club (Inc.).

Please note: Playing rights will not be granted until a Member Introduction is completed. Contact the Club Administrator on 9021 1330 to arrange a mutual time.

SIGNATURE OF APPLICANT _____ *(Parent or Guardian to sign for applicants <18 years of age)*

NAME OF PROPOSER _____ SIGNATURE OF PROPOSER _____

I certify that I am a current financial member of the Goldfields Golf Club (Inc.) & over 21 years of age.

NAME OF SECONDER _____ SIGNATURE OF SECONDER _____

I certify that I am a current financial member of the Goldfields Golf Club (Inc.) & over 21 years of age.

OFFICE USE ONLY:

APPROVED <input type="checkbox"/>	MEMB # <input type="text"/>	ENTERED <input type="checkbox"/>	PASSWORD <input type="text"/>	INVOICED <input type="checkbox"/>	PAID <input type="checkbox"/>	
PAYMENT METHOD - DIRECT DEBIT <input type="checkbox"/>	CASH <input type="checkbox"/>	EFT <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	PROCESSED <input type="checkbox"/>	MEMB PACK <input type="checkbox"/>	INTRODUCTION <input type="checkbox"/>