



PO Box 8246
93 Aslett Drive
Hannans WA 6433
Ph: (08) 9021 1330
E: admin@goldfieldsgolfclub.com.au

JUNIOR MEMBERSHIP APPLICATION

I, the undersigned, wish to apply for membership of the Goldfields Golf Club (Inc.), in the following category: *(Please select one option)*

<input type="radio"/> SUB-JUNIOR 0-11 yrs incl.	<input type="radio"/> SUB-JUNIOR 12-14 yrs incl.	<input type="radio"/> JUNIOR 15-17 yrs incl.
Nomination \$50	Nomination \$50	Nomination \$50
Annual Fee \$261.50	Annual Fee \$315.00	Annual Fee \$493.50

APPLICANT'S DETAILS

SURNAME _____ FIRST NAME _____

POSTAL ADDRESS _____

SUBURB _____ POST CODE _____

HOME PHONE _____

MOBILE PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ GENDER MALE FEMALE

SHIRT SIZE XS S M L XL

GOLFING BACKGROUND

How long have you been playing golf? *(Please select one option)*

Just started Less than a 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", please complete:

Name of your last or current golf club: _____

Handicap: Current Past Not applicable Golfink Number _____

Do you want Goldfields Golf Club to be your home club for handicapping purposes? Yes No

Would you like more information about joining our FREE coaching programs for current members? Yes No

SIGNATURES

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

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

Signature of Applicant

(Parent or Legal 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.) and I am over 21 years of age.

Name of Secunder

Signature of Secunder

I certify that I am a current financial member of the Goldfields Golf Club (Inc.) and I am over 21 years of age. I have also been a full member of the Goldfields Golf Club (Inc.) for at least a minimum of twelve (12) months

Office Use Only

Approved <input type="checkbox"/>	Member #	Entered <input type="checkbox"/>	Password	Invoiced <input type="checkbox"/>	Paid <input type="checkbox"/>
Payment Method	<input checked="" type="radio"/> Direct debit	<input checked="" type="radio"/> Cash	<input checked="" type="radio"/> EFT	<input checked="" type="radio"/> Credit Card	
Processed <input type="checkbox"/>	Member Pack <input type="checkbox"/>	Induction <input type="checkbox"/>	Shirt <input type="checkbox"/>	Cap <input type="checkbox"/>	Lesson Info <input type="checkbox"/>

