Goldfields Golf Club
KALGOORLIE W.A.

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

MEMBERSHIP APPLICATION

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

SUB-JUNIOR 0-11yrs incl. ☐	SUB-JUNIOR 12-14 yrs incl. ☐	JUNIOR 15-17 yrs incl. ☐
Nomination $50	Nomination $50	Nomination $50
Annual Fee $268.00	Annual Fee $324.00	Annual Fee $509.00

APPLICANT'S DETAILS

SURNAME _____ FIRST NAME _____

POSTAL ADDRESS _____

SUBURB _____ POSTCODE _____

HOME PH _____ WORK PH _____

MOBILE PH _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ GENDER _____

SHIRT SIZE ☐ XS ☐ S ☐ M ☐ L ☐ XL

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 like more information about joining our FREE coaching programs for current members? YES ☐ NO ☐

Please see over....

Goldfields Golf Club
KALGOORLIE W.A.

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

SIGNATURES

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. I have also been a member of the Goldfields Golf Club (Inc.) for at least a minimum period of 12 months.

OFFICE USE ONLY:

APPROVED ☐ MEMB # _____ ENTERED ☐ PASSWORD _____ INVOICED ☐ PAID ☐

PAYMENT METHOD - DIRECT DEBIT ☐ CASH ☐ EFT ☐ CREDIT CARD ☐ PROCESSED ☐ MEMB PACK ☐ INTRODUCTION ☐