

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 \$1572.00	Annual Fee \$268.00	Annual Fee \$324.00	Annual Fee \$509.00	Annual Fee \$815.00

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 ☐



PO Box 8246
93 Aslett Drive
Hannans WA 6433
Ph: (08) 9021 1 330
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 ☐