

## 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 \$1657.00	Annual Fee \$279.00	Annual Fee \$337.00	Annual Fee \$529.00	Annual Fee \$845.00

### 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



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Hannans WA 6433  
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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.). I understand that the accuracy of the information provided is a condition of nomination and membership. Any false or misleading information may result in my nomination being rejected or my membership being suspended or revoked.

**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 <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"/>					