

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 \$279.00	Annual Fee \$337.00	Annual Fee \$529.00

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....



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.). I understand that the accuracy of the information provided is a condition of nomination and membership. Any false or misleading information may result in the nomination being rejected or the 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"/>		