

MEMBERSHIP APPLICATION



WOLSTON PARK GOLF CLUB Inc. ABN: 41 861 017 703
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Ellerton Drive, Wacol 4076 | PO Box 343, Goodna 4300 | www.wolstonparkgolf.org.au

Promotion Code/Offer: _____

PERSONAL DETAILS

Title (Please circle) Mr Mrs Ms Miss Dr Mstr Other _____ Gender M / F

Surname _____ Given Name(s) _____

Date of Birth _____ Occupation _____

Home Address _____ Postcode _____

Postal Address _____ Postcode _____

Phone _____ Work _____ Mobile _____

Email Address _____ @ _____

Vehicle (most used) Make _____ Colour _____ Registration _____

Please tick this box if you do NOT wish to receive updates or information from us by email or post

Please tick this box if you do NOT wish to be included in our Members Contact Address Booklet

HANDICAPPING

Are you a member of another Golf Club? Yes / No If yes, club name? _____
Club GolfLink number: _____

Is Wolston Park Golf Club to be your home Club for handicapping? Yes / No

Do you have a current A.G.U. / Q.G.U. handicap? No / Yes: Golf Link Number _____

MEMBERSHIP CLASSIFICATION Class of Membership being applied for (Please circle)

Ordinary Male Ordinary Female Six Day (Sunday to Friday) Five Day (Monday to Friday)

Ord Husband / Wife Junior Student (18 - 24) Intermediate

REFERENCES (not Members. Minimum 2.)

Name _____ Name _____ Name _____
Phone _____ Phone _____ Phone _____

I wish to apply for membership at Wolston Park Golf Club Inc. If accepted, I undertake to abide by the Rules and By-Laws of the Club. I agree to accept the Committee's decision as final.

CANDIDATES SIGNATURE _____ Dated this Day _____ of _____ 20 _____

COMMITTEE USE ONLY

PROPOSERS NAME _____ SIGNATURE _____

SECONDEES NAME _____ SIGNATURE _____

OFFICE USE ONLY

DATE RECEIVED _____ AMOUNT PAID _____ PAID BY: CASH / EFTPOS / CREDIT / CHEQUE

MEMBERSHIP NUMBER _____ RECEIPT NUMBER _____

DIRECT DEBIT BEGIN DATE _____ PREF. DAY/DATE _____ FTN or MTH SAV or CREDIT

MEMBERSHIP RENEWAL / EXPIRY DATE _____ ENTERED INTO GOLFLINK DATE _____

APPROVED PRESIDENT _____ DATE _____