MEMBERSHIP APPLICATION



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ABN: 41 861 017 703

ID: Type	No.	PROMO:		PRO: Y / N
PERSONAL DE Title Mr M Given Name(s) Date of Birth Address Postal Address (if Mobile Email Address	Mrs Ms Miss Ms	Preferred Name	G	ender
 Only tick this box if you do NOT wish to receive updates or information from us by Email or SMS Only tick this box if you do NOT wish to be included in our Members Contact Booklet GOLF CLUB MEMBERSHIP & HANDICAPPING 				
Have you ever previously been a member of Wolston Park Golf Club? No Yes Previous # Is Wolston Park Golf Club to be your home Club for handicapping? No Yes Are you a member of another Golf Club? No Yes Club Name Do you have a current A.G.U. handicap? No Yes Golf Link Number				
MEMBERSHIP Ordinary 7 Da Ordinary H&V	y	ass of Membership being app (Sunday to Friday) Student (18	5 Day (N	Monday to Friday) Intermediate
Reference &/ Name Reference &/ Name I wish to apply for and By-Laws of th	Relate Or Emergency Contage Relate Membership at Wolston Ports Relate Relate Membership at Wolston Ports Relate Re	tionship	anaoement Con	ımittee's decision as
		eep teu in manng dada eeseed te		
PROPOSERS NA SECONDERS N	АМЕ АМЕ	MMITTEE USE ONLY SIGNATUR SIGNATUR	E	
DATE RECEIVED MEMBERSHIP NUM	PAID \$	FFICE USE ONLY BY: CASH / EFTPOS / RECEIPT NUMBER _ DAY/DATE \$	CREDIT / CHE	QUE / DIRECT DEPBOOK
		ENTERED INTO GOLFLINK		