



WARRNAMBOOL GOLF CLUB INC.

APPLICATION FOR MEMBERSHIP

The Secretary/Manager
 Warrnambool Golf Club Inc.
 Younger St
 Warrnambool VIC 3280

Date: / /

I wish to apply to become a member of the Warrnambool Golf Club Inc., and hereby agree, if successful, be bound by the constitution and by-laws of the Club. I understand that the committee of management must approve this application.

Membership Options (Please tick selection)

- | | | | | | | | |
|-------------|--------------------------|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| Full | <input type="checkbox"/> | Intermediate | <input type="checkbox"/> | Country A | <input type="checkbox"/> | Country B | <input type="checkbox"/> |
| Progressive | <input type="checkbox"/> | 3 Day Introd. | <input type="checkbox"/> | Social Golfing | <input type="checkbox"/> | Senior Active | <input type="checkbox"/> |
| Summer | <input type="checkbox"/> | Student | <input type="checkbox"/> | Non-Playing | <input type="checkbox"/> | | |

Full Name of candidate:

Date of Birth:/...../.....

Residential Address:

Postal Address:

Email Address:

Phone Number: Mobile: Home: Business:

Occupation:

Distance from Warrnambool (if applicable): (km)

Have you ever been a member of another Golf Club? (please circle) Y N

If Yes, which Club? Year: Handicap: Golf Link No:

Is Warrnambool GC to be your 'Home Club' (please circle) Y N

Signature of candidate:

Proposer and Seconder of this nomination must have been a member of the Warrnambool GC for at least 12 months and be over 18 years of age. The above candidate is personally known to us and we believe him/her to be a suitable person to be elected as a member of the Warrnambool Golf Club Inc.

Signature of Proposer: Signature of Seconder:

Print Name: Print Name:

CREDIT CARD PAYMENT ADVICE

Card Type: (please circle) MasterCard Visa Other

Card Number:

Expiry Date: Amount : \$.....

Card Holder Full Name:

Signature: