



# WARRNAMBOOL GOLF CLUB

## 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: .....