



WARRNAMBOOL GOLF CLUB

golf@wgcinc.com.au

Younger Street WARRNAMBOOL VIC 3280

Phone: 03 5562 2108



APPLICATION FOR MEMBERSHIP

I wish to join Warrnambool Golf Club and hereby apply to be admitted as a member thereof and agree to be subject to the Rules and Regulations of the Club. The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature..... Date..... Category

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Other)

First Name Known as.....

Surname Middle Initial

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Telephone: Home Business

Mobile

E-Mail

Occupation.....

**Country Membership Applications ONLY – Distance from Club in kms

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

Previous Golf Club membership

Previous Golflink Number Will this be your Home Club.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Posted to Slice

Membership Number Issued:-