Whyalla Golf Club Incorporated

P.O. Box 295 Whyalla S.A. 5600
Telephone: 08-86459109
Email: whyallagolf@bigpond.com

APPLICATION FOR MEMBERSHIP

I wish to apply for the Membership Classification of …….
If accepted, I agree to abide by the Constitution and Rules of the Whyalla Golf Club Incorporated.

NAME _____ _____
Last Name Given Names

[PLEASE USE BLOCK LETTERS]

ADDRESS _____

SUBURB _____ **POSTCODE** _____

DATE OF BIRTH _____

PHONE _____ **MOBILE** _____

E-MAIL _____

SIGNATURE _____ **DATE** _____

If you were/still are a member of another golf club please provide the following information :-

Name of Club _____ **Golf Link No** _____

Do you want the above club to be your Home Club? Yes / No (Please circle as applicable)

All applications shall be supported by two financial members.

PROPOSER _____ ADDRESS _____
[BLOCK LETTERS] _____Postcode _____

SECONDER _____ ADDRESS _____
[BLOCK LETTERS] _____Postcode _____

Classification	Full Membership	Concessional Membership*
Golf	$	$
Golf & Bowls	$	$
Bowls	$	$
Junior Golf - Under 18 years	$	$
Junior Golf - Under 13 years	$	$
Student - Full Time 18-25 years	$	$
Social	$	$
Country [**Name of Home Club**.....]	$	$

For those wishing to pay byEelectronic Transfer payment should be made to **BSB 015-720, ACCOUNT No 412958274**
Applicants seeking Concessional Membership shall provide their **Full Government Pension** number in the box below

➔ [ ]

SUBSCRIPTION SHALL BE PAID IN FULL WITH APPLICATION