



PO Box 8246
 93 Aslett Drive
 Hannans WA 6433
 Ph: (08) 9021 1330
 E: admin@goldfieldsgolfclub.com.au

MEMBERSHIP APPLICATION

I, the undersigned, wish to apply for membership of the Goldfields Golf Club (Inc.), in the following category: *(Please select one option)*

FULL	SUB-JUNIOR 0-11 yrs incl.	SUB-JUNIOR 12-14 yrs incl.	JUNIOR 15-17 yrs incl.	TRANSITIONAL 18-20 yrs incl.
Nomination \$200	Nomination \$50	Nomination \$50	Nomination \$50	Nomination \$50
Annual Fee \$1,526.00	Annual Fee \$261.50	Annual Fee \$315.00	Annual Fee \$493.50	Annual Fee \$791.00

APPLICANT'S DETAILS

SURNAME	FIRST NAME
POSTAL ADDRESS	
SUBURB	POST CODE
HOME PHONE	WORK PHONE
MOBILE PHONE	EMAIL ADDRESS
DATE OF BIRTH	GENDER MALE FEMALE
OCCUPATION	BUSINESS NAME

GOLFING BACKGROUND

How long have you been playing golf? *(Please select one option)*

Just started
 Less than a year
 1 - 3 years
 3 - 5 years
 More than 5 years

Have you ever been a member of a golf club before?
 Yes*
 No

*If you have answered "Yes", please complete:

Name of your last or current golf club:

Handicap:
 Current
 Past
 Not applicable
 Golfink Number

Do you want Goldfields Golf Club to be your home club for handicapping purposes
 Yes
 No

SIGNATURES

The prescribed nomination fee is attached herewith. If my application is successful, I agree to be bound by the Constitution, the Regulations and the Code of Conduct of the Goldfields Golf Club (Inc.).

Please note: Playing rights will not be granted until a Member Induction is completed. Contact the Club Administrator on 9021 1330 to arrange a mutually convenient time.

Signature of Applicant

(Parent or Legal Guardian to sign for applicants <18 years of age)

Name of Proposer

Signature of Proposer

I certify that I am a current financial member of the Goldfields Golf Club (Inc.) and I am over 21 years of age.

Name of Seconder

Signature of Seconder

I certify that I am a current financial member of the Goldfields Golf Club (Inc.) and I am over 21 years of age. I have also been a full member of the Goldfields Golf Club (Inc.) for at least a minimum of twelve (12) months

Office Use Only

Approved	Member #	Entered	Password	Invoiced	Paid
Payment Method	Direct debit	Cash	EFT	Credit Card	
Processed	Member Pack	Induction			