



Wonthaggi Golf Club

Inc. A3984

ABN 99 312 550 590

11 Dr Sleeman Drive

P.O.Box 323

Wonthaggi Vic. 3995

Ph.03 5672 3697

Email wongolf@dcsi.net.au

APPLICATION FOR MEMBERSHIP

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

Signature.....Date.....Type.....

Please note all fields are important and will ensure we are able to better assess the makeup 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/ Miss/ Mast/ Dr/ Other).....

First Name.....Known As.....

Surname

Home Address.....

.....Post Code.....

Postal Address.....

Telephone.....Mobile.....

Email.....

Occupation.....

Left/Right Handed.....Date of Birth...../...../.....

Previous Golf Club.....Previous Handicap.....

Previous Golf Link No..... Will we be your home Club.....

Emergency Family Contact Information

Name:.....

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

Phone No:.....

OFFICE USE ONLY

Posted to Slice

Membership No. Issued:.....

Receipt No:.....