



APPLICATION FOR MEMBERSHIP

Mail: P.O. Box 81, WHITTLESEA Victoria
 Phone: 9716 2066 Fax: 9716 1416
 Email: golfclubwhit@bigpond.com
 Website: <http://www.whittleseagolfclub.com.au>
 Address: 160 Humevale Road, Humevale
 ABN 62 004 570 852

Full Name				*Conditions apply*	Category	Cost	Cross
Address					Summer Membership Special Deal *excludes wining board events	\$350	
Suburb					Club affiliated with :- _____		
Postcode		DOB					
Email							
Home Phone							
Business Phone							
Other Affiliated Golf Clubs		Exact H/cap					
Who will be your home club					Digital and passport size photo required		
Emergency Contact Name					Have you had a golf link number before Y N		
Contact No.				Golf link Number _____			
Relationship							

I apply to become a Member of the Whittlesea Golf Club and I hereby agree, if duly elected, to be bound by the Constitution, By-laws and Procedures established by the Club. I have been provided with and received an explanation of the conditions of the category I'm applying for and agree by signing this application I accept those conditions.

**people applying over 40 are at the discretion of the board
 ** Cant have been a member for a 2 year period

Candidate Signature _____

Proposer _____ Signature _____ Date _____ 20__

Seconder _____ Signature _____ Date _____ 20__

or Club Officer _____ Signature _____ Date _____ 20__

Credit Card _____ Signature _____ Expiry _____ 20__

Credit card details are required for social membership deductions if conditions not complied with

Office Use Only					
Subscription	\$	Receipt No.		Card/Cash/Transfer	/2017
		Receipt No.		Card/Cash/Transfer	/2017
Other	\$	Receipt No.		Card/Cash/Transfer	/2017
Total Payable	\$	Date attended compulsory New Members Meeting			/2017
Describe Other _____					
Date Commenced	/2017	Date to Conclude	/2017	Length of membership	
Processed by		Signature			/2017