



APPLICATION FOR GOLF MEMBERSHIP

I wish to join Wallacia Country 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 Type

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 / Miss / Dr / Other)

Given Name(s)

Surname

Home Address Suburb Postcode

Postal Address (if different)

Telephone (Home) (Mobile) (Work)

Email

Occupation

Language Spoken

Date of Birth

Previous Golf Club Membership

Previous Golfink Number Will this be your Home Club

Emergency Family Contact Information

Name (print first & surname)

Relationship (ie wife, son, friend)

Phone Number

OFFICE USE ONLY

Amount Paid \$

Posted to Slice Slice Number Issued

WCC Membership Number Issued

Receipt Number Date Received

ID Type/ ID Number Expiry Date

Staff Name Staff Signature