

PERSONAL DETAILS

First name _____

Surname _____

Date of birth _____

Age _____

Residential Address _____

Suburb _____

Postcode _____

Postal address
(if different to above) _____

Suburb _____

Postcode _____

Mobile _____

Phone _____

Email _____

EMERGENCY CONTACT

Name _____

Mobile _____

Relationship _____

PREVIOUS GOLF MEMBERSHIP

If you are currently a financial member of another club please provide details below.

Name of club _____ GOLF Link number _____

Would you like to nominate Warrnambool GC as your home club? Yes No

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

Applicant's signature _____

Date _____

Membership class _____

OFFICE USE

Posted to SLICE

Membership Number

Welcome email sent BPAY EFTPOS/Credit Card Pricap DD