



The Western Australian Golf Club (Inc).

MEMBERSHIP APPLICATION

CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss Dr. Member Name: Postal Address: Known As: Suburb: Country: Postal Code: Home Address: Suburb: Country: Postal Code: Phone: (H) (W) (M) Email: Fax: Marital Status: Single Married Partners Name (if applicable): Drivers License Number: Date of Birth: Occupation: Employment Duration: Company Name: Type of Business: Business Address: Suburb: Country: Postal Code: Is any of your Immediate Family a member of The Western Australian Golf Club (please name): Have you ever been a Member of another Private Golf Club in Australian? Yes No If Yes, which Club? Are you a current Member of another Private Golf Club in Australian? Yes No Current Golfink Number: Reasons for Leaving: Any Official Position Held in a Club: Preferred Mailing Address: Home Business Preferred Method of Contact: Phone (H) Phone (M) Phone (W) Email Availability for Interview: During Work Hours (Monday to Friday 9.00am to 5.00pm) After Hours

REFERENCES

(Proposers and Seconders MUST have been voting members at The Western Australian Golf Club for a minimum of two (2) years, with at least one signatory is of the same gender as the applicant).

We both certify that (applicant) is, to the best of our knowledge, eligible to be elected a member of The Western Australian Golf Club (Inc.). We are prepared to attest to his/her integrity and conduct and ensure he is properly introduced and is conversant with the etiquette and procedures of Club Golf and of the Club Rules generally.

Name of Proposer: Signature of Proposer: Member Number: How long have you known the applicant? Name of Seconder: Signature of Seconder: Member Number: How long have you known the applicant?

MEMBERSHIP DECLARATION

Dear Sir, I am applying for a Membership at the Western Australian Golf Club (Inc.) in the Membership Category ticked below:

Men

- Full (Male) Restricted Rights Social Country Colt Junior Midweek

Female

- Full Member Restricted Rights Midweek Social Country Colt Junior

I have read the terms and conditions of this Membership Category and am fully aware that any deposits paid (\$250.00 waitlist deposit) are NON-REFUNDABLE and will be deducted from the nomination fee upon acceptance as a member.

If I am accepted as a member, I AGREE TO BE BOUND BY THIS MEMBERSHIP AGREEMENT AND MEMBER PROFILE, CLUB CONSTITUTION AND ANY REGULATIONS as they may be amended from time to time. I declare that I have not had any application for membership declined, suspended or revoked by any club and declare all of the above information to be a true and correct record.

Applicants Signature: Date:

Please return this Membership Application and any deposits payable to: The Western Australian Golf Club, 60 Hayes Avenue YOKINE WA 6060



