



The Western Australian Golf Club (Inc).

MEMBERSHIP APPLICATION

CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss. Dr. Member name: Known As: Home Address: Suburb: Country: Postal Code: Postal Address: Suburb: Country: Postal Code: Phone: (H) (W) (M) Email: Date of Birth: Partners/Next of kin name: Relationship: Phone: Occupation: Employment Duration: Company Name:

Is any of your Immediate Family a member of The Western Australian Golf Club (please name): Current/previous Golfink Number: Golf Club of any current/previous membership: Reasons for Leaving: Any Official Position Held in a Club:

REFERENCES

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

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:





The Western Australian Golf Club (Inc).
Membership

PAYMENT OF WAITLIST DEPOSIT

Understanding all deposits are non refundable, I hereby wish to pay the waitlist deposit of \$250.00 with the details below (please circle):

Visa/Mastercard

Cheque Enclosed

Cash

Credit Card Details

Bank: _____

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Date: _____

PRIVACY STATEMENT

The personal information you provide in this application for membership at the Western Australian Golf Club (Inc.) is collected for the purpose of assessing your application and facilitating the enjoyment of your membership benefits. The information which you provide may be used by the WAGC for this purpose and related administrative purposes.

I give permission for the Club to disclose my details (eg. Phone number and address) to other Club Members upon request (please circle):

Yes

No

Additionally, your personal information may be shared with external service providers in circumstances including the following:

- Information technology companies for the purpose of maintaining information technology and security systems; and
- Associate Clubs International / Golfink to facilitate the booking of member services.

CLUB USE ONLY

Application Received:

Date Interviewed:

By:

Application Entered:

By:

Title:

Member Number:

Application Approved by the Board of Management:

Membership to Commence:

First Subscription Due:

Amount:

Acceptance Letter and Copy of Contract Sent:

The Western Australian Golf Club



The Western Australian Golf Club (Inc).

60 Hayes Avenue, Yokine Western Australia 6060

Telephone: (08) 9349 1988 Facsimile: (08) 9344 4424

Email: membership@wagolfclub.com.au Website: www.wagolfclub.com.au