Wallaroo Golf Club Incorporated PO Box 92 Wallaroo SA 5556

P: 0418 845 647

E: wallaroogolfclub@gmail.com



Application for Membership

	.,	ase print clearly)	
, (First Name)		(Surname)	
·	,	•	
(Address)			
Mobile:		Home:	
Occupation:			
accepted, I undertake	, , , , , , , , , , , , , , , , , , , ,	iles of the club. (Copy of the	Wallaroo Golf Club Incorporated. If constitution, Rules and Policies are cocommunityclub.com
Membership Sought:	Full Member (\$300) Six Month Membership (\$180)	Restricted (Social) Member 3 Month Membership (Cov	
	Summer Member (\$180)	Junior Member (\$75)	, , ,
have been a member	of other Golf Clubs Yes / No	Golf Link Number:	
Name of Club:		Handicap:	
Applicants Signature: _		Date:	
The above applicant ha		acceptance by the Committe	e. We will introduce the applicant to
Proposer:	<u> </u>	Signature:	
Seconder:		Signature:	
PRINT NAM Date:	<u>E</u>		
At the committee mee	ting conducted on the	the above N	Membership was
Letter Sent	Email Entered	SMS Entered	Office Use Only Membership Entered