Wallaroo Golf Club Incorporated
PO Box 92
Wallaroo SA 5556
P: 0457 999 749
E: wallaroogolfclub@gmail.com

Application for Membership 2026/27

(please print clearly)

Date: / /

I, _____

(First Name) (Surname)

of _____

(Address)

Email: _____

Mobile: _____ Home: _____

Occupation: _____ DOB: _____ (required for OneGolf Identification)

Being under / over 18 years of age, hereby make application for membership of the Wallaroo Golf Club Incorporated. If accepted, I undertake to abide by the constitution and rules of the club. (Copy of the Constitution, Rules and Policies are available online at www.wallaroogolfclub.wix.com/wallaroogolfclub and www.wallaroocommunityclub.com)

Membership Sought: Full Member ($450) Restricted (Social) Member ($400)

Junior Member ($60) Student Member ($75)

Winter 1st April to 30th Sept or Summer Season 1st Oct to 31st March ($250)

I am affiliated and financial with another club Yes / No

(If signing up as a Summer Casual Green Fee Player I understand that I am not affiliated with Wallaroo Golf Club)

Golf Link / OneGolf No: _____

Name of Club: _____ Handicap: _____

Applicants Signature: _____ Date: _____

The above applicant has been proposed by us and upon acceptance by the Committee. We will introduce the applicant to the Club and Members.

Proposer: _____ Signature: _____

PRINT NAME

Seconder: _____ Signature: _____

PRINT NAME

Date:

At the committee meeting conducted on the _____ the above Membership was

accepted / declined.

---- Office Use Only ----

☐ Letter Sent ☐ Email Entered ☐ SMS Entered ☐ Membership Entered