

# WALLAROO GOLF CLUB INCORPORATED

PO BOX 92, WALLAROO, SA, 5556

Phone: 08 8823 2793 Email: wallaroorogolf@internode.on.net

## APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_  
(First Name) (Surname)

Of \_\_\_\_\_  
(Address)

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Occupation: \_\_\_\_\_

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.wallaroorogolfclub.wix.com/wallaroorogolfclub](http://www.wallaroorogolfclub.wix.com/wallaroorogolfclub) and [www.wallaroorocommunityclub.com](http://www.wallaroorocommunityclub.com))

Membership Sought:	Full Member	Restricted Member
	Summer Member	Junior Member
	Student Member	Social Member

I have been a member of other Golf Clubs Yes / No

Name of Club: \_\_\_\_\_ Handicap: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_ SECONDER: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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At the committee meeting conducted on the \_\_\_\_\_ the above Membership was accepted / declined