

**Wallaroo Golf Club Incorporated**

**PO Box 92**

**Wallaroo SA 5556**

**P: 08 8823 2793**

**E: wallaroogolfclub@gmail.com**

Date: / /

**Application for Membership**

*(please print clearly)*

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.wallaroogolfclub.wix.com/wallaroogolfclub](http://www.wallaroogolfclub.wix.com/wallaroogolfclub) and [www.wallaroocommunityclub.com](http://www.wallaroocommunityclub.com))

Membership Sought: Full Member ($300) Restricted (Social) Member ($250) Six Month Membership ($180) 3 Month Membership (Covid-19) ($90) Summer Member ($180) Junior Member ($75) Student Member ($60)

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

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