

Wallaroo Golf Club Incorporated
PO Box 92
Wallaroo SA 5556
P: 0418 845 647
E: wallaroorogolfclub@gmail.com



Application for Membership

(please print clearly)

Date: / /

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 and www.wallaroorogolfclub.com)

Membership Sought: Full Member (\$400) Restricted (Social) Member (\$350)
 Six Month Membership - Winter or Summer Season (\$230)
 3 Month Membership (Trial) (\$90) 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