



WARRINGAH GOLF CLUB LIMITED

A.C.N. 000 085 601 A.B.N. 15 000 085 601

397 CONDAMINE STREET, NORTH MANLY NSW 2100

Phone: 9905 4709 Fax: 9905 4756 Email: enquiry@warringahgolfclub.com.au

MEMBERSHIP APPLICATION FORM – All Categories

Please print, complete details and bring the form to the club office.

TITLE: _____ SURNAME: _____

FIRST NAMES IN FULL: _____

PREFERRED NAME : _____

ADDRESS: _____

POST CODE: _____

TELEPHONE (H) _____ (W) _____ (M) _____

DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

I DESIRE TO BECOME A (FULL PLAYING / UNDER 35 / ASSOCIATE PLAYING / ASSOCIATE UNDER 35 / JUNIOR / COUNTRY / HOUSE)

_____ **MEMBER** of the Warringah Golf Club Limited and request you to place my name on the Register of Members accordingly. I agree to be bound by the Constitution and any Rules, Regulations or By-Laws of the club from time to time in force.

Playing categories only – How will you use the course? Social Golf Competition Golf

Note: Playing Members (except those in an Associate category) will initially be Provisional Members. Currently this restricts booking for Saturday competitions to be on the day of competition only and not before.

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PLEASE LIST PAST OR PRESENT MEMBERSHIPS AT OTHER GOLF CLUBS AND DURATION:

IF YOU HAVE PREVIOUSLY HELD A GOLF AUSTRALIA HANDICAP, PLEASE LIST YOUR LAST HELD GOLFLINK NUMBER: _____ CURRENT HANDICAP: _____

DO YOU WISH TO HAVE WARRINGAH BECOME YOUR HOME CLUB? YES / NO

HAVE YOU EVER BEEN SUSPENDED FROM OR HAD YOUR APPLICATION FOR MEMBERSHIP OF A LICENSED CLUB REFUSED?
YES / NO

IF YES, PLEASE ADVISE NAME OF CLUB:

I HEREBY DECLARE THAT THE ABOVE MENTIONED PARTICULARS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE SIGNATURE OF APPLICANT

THE ABOVE APPLICANT IS PERSONALLY KNOWN TO US AND HAS BEEN KNOWN TO US FOR A PERIOD OF AT LEAST ONE YEAR AND WE BELIEVE HIM/HER TO BE A PERSON SUITABLE TO BECOME A MEMBER OF WARRINGAH GOLF CLUB.

MEMBER NO PROPOSER'S NAME (PLEASE PRINT) SIGNATURE

DATE:

MEMBER NO PROPOSER'S NAME (PLEASE PRINT) SIGNATURE

DATE:

OR

WE REQUIRE THE NAMES, ADDRESSES AND PHONE NUMBERS OF AT LEAST THREE REPUTABLE PERSONS TO WHOM YOU ARE PERSONALLY AND WELL KNOWN.

NAME

ADDRESS / PHONE NUMBER

NAME

ADDRESS / PHONE NUMBER

NAME

ADDRESS / PHONE NUMBER

OFFICE USE ONLY

RECEIVED:

ON NOTICE BOARD: