

**Mail: P.O. Box 81, WHITTLESEA Victoria**

Phone: 9716 2066

Email: golfclubwhit@outlook.com

Website: [http://www.whittleseagolfclub.com.au](http://www.whittleseagolfclub.com.au/)

Address: 160 Humevale Road, Humevale

ABN 62 004 570 852

**APPLICATION FOR MEMBERSHIP 2024/25**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name |  | | | | \*Conditions apply\* | **Category** | | **Desc.** | **Cost** | **Cross** |
| Address |  | | | | Introductory | | 2.4.1 year | $750  Each |  |
| 1.4.2 years | $1500 |  |
| Suburb |  | | | | NEW FULL | |  | $1300 |  |
| Postcode | ­­**DOB** | | | | Junior Cadet | | U/14 | $100 |  |
| Email |  |  |  | | Junior Teen | | 14-17 | $200 |  |
| Mobile |  |  |  | | Junior Youth | | 18-26 | $300 +$20/yr |  |
| Home Phone |  |  |  | | Continued JY  Only for existing JY | | 27-30 | Sliding Scale |  |
| Business Phone |  | | | | H/cap Reg’n(Junior) | |  | $100 |  |
| Other Affiliated Golf Clubs |  | | Exact GA |  | Country 1 | | 150km | $460 | S/A |
| Who will be your home club |  | | | | Social  Includes 5 Games | | No playing rights | $350 |  |
| Emergency Contact Name |  | | | | **Digital and passport size photo required** | | | | | |
| Contact No. |  | | | | **Have you had a golf link number before?** Y N | | | | | |
| Relationship |  | | | | Golf link Number | |  | | | |

I apply to become a Member of the Whittlesea Golf Club and I hereby agree, if duly elected, to be bound by the Constitution, By-laws and Procedures established by the Club. I have been provided with and received an explanation of the conditions of the category I’m applying for and agree by signing this application I accept those conditions.

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| --- | --- | --- | --- | --- | --- | --- |
| Candidate Signature | |  | | | | |
| Proposer |  | | Signature |  | Date | 20 |
| Seconder |  | | Signature |  | Date | 20 |
| or Club Officer |  | | Signature |  | Date | 20 |
| **Credit Card** |  | | Signature |  | Expiry | 20 |

Credit card details are required for social membership deductions if conditions not complied with

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** | | | | | |
| Subscription | $ | Receipt No. |  | Card/Cash/Transfer | /20 |
|  |  | Receipt No. |  | Card/Cash/Transfer | /20 |
| Other | $ | Receipt No. |  | Card/Cash/Transfer | /20 |
| **Total Payable** | **$** | Date attended compulsory New Members Meeting | | | /20 |
| Describe Other |  | | | | |
| Date Commenced | /20 | Date to Conclude | /20 | Length of membership |  |
| Processed by |  | Signature |  | | /20 |