

299 Wilruna Street,
Wacol, QLD 4076



Phone: (07) 3271 2333
Fax: (07) 3271 3766
E-mail: office@gablesgolf.com.au

GAILES GOLF CLUB INC.

APPLICATION FOR MEMBERSHIP (updated 01/03/18)

SURNAME: GIVEN NAMES:
PREFERRED NAME:..... TITLE:- Mr., Mrs., Ms., Miss, other
DATE OF BIRTH:/...../..... EMAIL:

HOME ADDRESS: P'CODE:
PHONE: MOBILE:
POSTAL ADDRESS: (if same as home address, write "AS ABOVE")
.....P'CODE:.....

OCCUPATION:
BUSINESS NAME & ADDRESS:
..... PHONE: : P'CODE:.....

If you are a current member of another club, state club and handicap:
Club:.....

Handicap:..... **Golflink No:**.....

GOLFING HISTORY:
Please complete the following information.

CLUB	PERIOD OF MEMBERSHIP	LOWEST H'CAP
.....
.....

Is Gables Golf Club to be your home club?YesNo

Class of membership being applied for:
7-day, 6-day, 5-day, 7/6/5-day Partner, Limited 7-Day (26-45yrs), Country,
Intermediate (18-25yrs) / Fulltime Student, Junior (11-17yrs), Junior (under 11yrs),
Clergy/Defence, Pay As You Play, Adult Social (non-playing), Junior Social

MEMBERSHIP FEES	
Nomination:	.....
Subscription:	.....
CPL:	.....
Insurance:	.....
Capitation:	.....
Golf Link:	.....
Cart Shed:	.....
Cart Insurance:	.....
Locker:	.....
Cash/Chq/EFT/CC	\$ _____

I wish to apply for membership of Gables Golf Club Inc. If elected, I undertake to abide by the Rules and By-Laws of the Club. I agree to accept the Committee's decision as final.

CANDIDATE'S SIGNATURE: **DATE**...../...../20__

PROPOSER'S NAME: Club No: SIGNATURE:
(Please Print)

SECONDRS NAME: Club No: SIGNATURE:
(Please Print)

APPROVED
(PRESIDENT)

OFFICE USE ONLY	
Date received:	.....
Membership No:	.....
Golf Link Registered	Y / N
Details Entered	Y / N
Invoiced	Y / N