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GAILES GOLF CLUB INC.

# APPLICATION FOR MEMBERSHIP (updated 01/06/23)

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

HOME ADDRESS: ..... P'CODE: .....  
PHONE: ..... MOBILE: .....  
POSTAL ADDRESS: ("AS ABOVE?") ..... P'CODE: .....  
OCCUPATION: .....  
BUSINESS NAME & ADDRESS: .....  
..... PHONE: ..... : P'CODE:.....

If you are a current Member of another club, state club, handicap, g/link:

CLUB:.....  
HANDICAP:..... GOLFLINK NO:.....  
GOLFING HISTORY: Please complete the following information.

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

IS GAILES GOLF CLUB TO BE YOUR HOME CLUB? .....Yes .....No

CLASS OF MEMBERSHIP APPLIED FOR: .....  
7-day, 5-day, 7 or 5-day Partner, Limited 7-Day (26-45yrs), Country, Intermediate (18-25yrs) / Fulltime Student, Junior (11-17yrs), Junior (under 11yrs), Clergy/Defence/Services, Pay As You Play, Social (non-playing), Junior Social, Corporate

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

I wish to apply for Membership of Gales 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. Memberships are rolling 12 months from date of acceptance. I wish to unsubscribe from any golf club related marketing. Please tick if applicable.

CANDIDATE'S SIGNATURE: ..... DATE...../...../ 20\_\_

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

SECONDER'S 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