



299 Wilruna Street,

Phone: (07) 3271 2333

Wacol, QLD 4076

E-mail: gales@galesgolf.com.au

GAILES GOLF CLUB INC.

APPLICATION FOR MEMBERSHIP (updated 01/12/23)

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:

.....

If you are a current Member of a golf club - handicap, g/link#:

CLUB:.....

HANDICAP:..... **GOLFLINK No.:**.....

RECENT GOLFING HISTORY: Please complete the following information.

CLUB MEMBERSHIP	TERM	HCP
.....
.....

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

CLASS OF MEMBERSHIP:

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(<11yrs), Clergy/Defence/Services, Pay As You Play, Social (non-playing), Junior Social, Corporate.

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 all Committee decisions 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: (print) Club No: **SIGNATURE:**

SECONDRS NAME: (print) Club No: **SIGNATURE:**

APPROVED..... (President)

MEMBERSHIP FEES

Subs advance:

Subscription:

CPL:

Insurance:

Capitation:

Golf Link:

Cart Shed/Locker:

Cart Insurance:

Cash/Chq/EFT/CC \$ _____

Receipt No:

Note: Fees must be submitted with the application

OFFICE USE ONLY: REFERRED BY:	Member#:	Date received:/...../.....
New Member No:	Golf Link Registered Y / N	Details Entered Y / N
		Invoiced Y / N