GAILES GOLF CLUB INCORPORATED

299 Wilruna Street, Wacol, QLD 4076 Phone: (07) 3271 2333 E-mail: gailes@gailesgolf.com.au

APPLICATION FOR MEMBERSHIP (updated 03/12/2025)

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 another golf club - Handicap, Golf ID No.

CLUB NAME: .....

HANDICAP: ..... **GOLF ID 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, Limited 7-Day (26-45yrs), Intermediate(18-25yrs) / Fulltime Student, Junior(11-17yrs), Junior(<11yrs), Services, Social (non-playing)

MEMBERSHIP FEES

Subscription:	.....
CPL:	.....
Insurance:	.....
Capitation:	.....
Golflink:	.....
Cart Shed:	.....
Cart Insurance:	.....
Cash/Chq/EFT/CC	**$**_____
Receipt No:	.....

Note: Fees must be submitted with the application

I wish to apply for Membership of Gailes 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: .....

SECONDERS NAME: (print) ..... Club No: ..... SIGNATURE: .....

APPROVED ..... (President)

OFFICE USE ONLY: REFERRED BY: ..... REFERRING MEMBER#: ..... DATE RECEIVED: ..... / ..... / .....

NEW MEMBER#: ..... Golf Link Registered Y / N Details Entered Y / N Invoiced Y / N