



SCAN ME

Application for Membership

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

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	HCP
.....
.....

IS GAILES TO BE YOUR HOME GOLF CLUB? Yes No

CLASS OF MEMBERSHIP: (please circle)

7-day, Limited 7-Day (26-45yrs), Intermediate(18-25yrs) / Fulltime Student,
Junior(11-17yrs), Junior(<11yrs), Defence/Clergy, Social (non-playing)

I wish to apply for Membership of Gailes Golf Club. 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 application.

CANDIDATE'S SIGNATURE: DATE...../...../.....

NB Membership will be provisional until approval at next Management Meeting

OFFICE USE ONLY:

NEW MEMBER#: GA Connect Y / N Details Entered Y / N

Invoiced Y / N New Membership Info Emailed Y / N