

ESPERANCE GOLF CLUB

P O Box 399 ESPERANCE WA 6450

Phone: 0499711036

esperancegolfclub@gmail.com

ABN: 76 017 472 930

Bank Details for EFT payments

Account Name: Esperance Golf Club Inc

BSB: 066-511 Account No: 10014533

APPLICATION FOR MEMBERSHIP

I wish to join Esperance Golf Club and hereby apply to be admitted as a new member thereof, and agree to be subject to the Rules and Regulations of the Club. The Management Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s)

Signature..... Date...../...../.....

Please note **all fields** are important and will ensure we are able to better assess the make-up of our membership. The **date of birth** is required for all members. A copy of the Clubs privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

Class of Membership (circle) Full Associate Country Junior Social

First Name..... Known as.....

Surname..... Middle initial..... Title.....

Home Address.....

Suburb..... Postcode.....

Telephone Home..... Business.....

Fax..... Mobile.....

Email.....

Date of Birth...../...../..... Dexterity (circle) RIGHT / LEFT handed

Occupation.....

Previous Club..... Previous Handicap.....

Previous Golfink Number..... Will we be your home club.....

Name of Member nominating you.....

Name of Member seconding you.....

Emergency Family Contact info Name.....

Relationship (wife, son etc.)..... Phone Number.....

Office Use Only

☐

Membership number.....