



**Woolooware Golf Club Limited**

Harnleigh Avenue, Woolooware NSW 2230

Website: [www.wooloowaregolfclub.com.au](http://www.wooloowaregolfclub.com.au)

Phone: 95440555 Fax: 95237998

ABN: 37 000 242 893

*Application for Golfing Membership*

(Subject to the Memorandum and Articles of Association and/or by laws of the Club)

Type of Membership Required: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_  
P/Code: \_\_\_\_\_

Phone No: (h) \_\_\_\_\_ (w) \_\_\_\_\_  
(m) \_\_\_\_\_ D.O.B: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*(Membership is subject to approval by the Board of Directors)*

Are you or have you been a member of another Golf Club Yes / No (Please Circle)

If yes, what is your current Golf Link No: \_\_\_\_\_

Do you wish to make Woolooware your home club: Yes / No (Please Circle)

Left / Right Handed: (Please Circle) Please name other clubs of which you are a member:

\_\_\_\_\_

Have you ever been cited, suspended, or asked to resign from any club?

Yes / No If so please state the club/s \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

M/Ship No: \_\_\_\_\_ Period of Acquaintance \_\_\_\_\_

Name of Seconder: \_\_\_\_\_ Signature: \_\_\_\_\_

M/Ship No: \_\_\_\_\_ Period of Acquaintance: \_\_\_\_\_

**Privacy Policy**

Any personal information provided by you to the Club (e.g. name, address, date of birth and contact details) will be protected. The Club does not usually disclose your personal information to any other organization or person unless there is a legal requirement to do so. The Club may also disclose personal information to relevant authorities if it reasonably believes that there is a threat to an individual's life, health or safety, or public health or safety. If the Club has reason to suspect that unlawful activity has been, is being or may be engaged in, personal information may be used or disclosed as a necessary part of any investigation and reporting to relevant persons or authorities.

If you do not wish to receive information about services and promotions, the Club, on request, will remove your name from mailing lists.

**Emergency Family Contact Information:**

Name: (Print first and surname) .....

Relationship .....

Phone Number (for emergency contact) .....

<b>Office Use Only:</b>	<b>PAID</b>	<b>Chq Cash C/C</b>
<b>Membership No:</b> .....	<b>Amount Paid:</b> .....	
	<b>Date Paid:</b> .....	