Wallaroo Golf Club Incorporated PO Box 92

Wallaroo SA 5556 P: 0457 999 749

E: wallaroogolfclub@gmail.com



ı				n for Membership e print clearly)		Date:	/	/
,				urname)				
of								
(Address)								
Email:								
Mobile:			Но	ome:				
Occupation:								
Being under / over 18 vaccepted, I undertake available online at www	to abide	by the constitution and	d rule	es of the club. (Copy o	of the Constitutio	n, Rules a	nd Pol	
Membership Sought: Full Member (\$400) Six Month Member (\$230) Junior Member (\$60) (under 1					al) Member (\$35 ter Member (\$2 r (\$75)	-		
l have been a member	of other	Golf Clubs Yes /	No	Golf Link Numbe	er:			
Name of Club:				Handicap:				
Applicants Signature: _				Date:				
The above applicant ha	-	proposed by us and upo	on ac	ceptance by the Com	mittee. We will i	ntroduce 1	the ap	plicant to
Proposer:				Signature:				
Seconder:				Signature:				
PRINT NAM Date:	<u>E</u>							
At the committee mee	ting con	ducted on the		the ab	oove Membership	was		
<u></u>					Office Use Only			
Letter Sent		Email Entered		SMS Entered	Members	hip Entered	ł	