

OFFICE USE:	STAFF USE:		
GolflinkNo:	Staffmember		
BRS Online Registered	Amount/Date PAID		
Letter Sent	Pro-rata month used:		
Induction:	Pensioner Info Y N		

## **APPLICATION FOR MEMBERSHIP**

			nd I agree, if elected, to becossociation, By Laws of the Clu	
NAME:				
			_POSTCODE:	
CATEGORY	☐ 7 DAY ADULT	☐ 6 DAY	☐ 5 DAY	☐ AGE 18-20
	☐ AGE 21-24	☐ AGE 25-29	$\Box$ TRIAL 3 MONTH	☐ CORPORATE
	PENSIONER	LIFESTYLE	☐ COUNTRY	
OCCUPATION:_		DATE	OF BIRTH:/	
TELEPHONE	(Home)	(Mobile)	(Work	<)
EMAIL:				
HANDICAP INFO The governing b 15 years, you w nandicap, pleas correctly. Do you have, or I am a member	O:  body of Australian handica  rould have received a 10 of se complete the below i  have you had a Golflink nu at another club, and would	aps is called GOLFLI digit Golflink numbe nformation so that umber? If so, record d like to retain my nu	r. You can only have one nu Goonawarra Golf Club car it here:  Imber at that club	nber of a golf club in the last mber and subsequently one n administer your handicap
GOLF HISTORY: How long have b Have you been a Do you plan on p Are you confide Have you use th	been playing golf? a member of a golf club be playing competition at GG nt knowing the Golf Rules be online Mi Club booking s	efore? Y/N If an C? Y/N & Golf Etiquette? Y system before? N	 nswered yes where? /N //N	
APPLICANT SI	GNATURE:			
HOW DID YOU HE	EAR ABOUT MEMBERSHIP AT	GOONAWARRA GOLF	CLUB	
WEBS	ITE	FACEBOOK	☐ I PLAY AT GOONAWAF	RRA
ANOTH	IER MEMBER	ONLINE VOUCHER	OTHER:	