



# WILLUNGA GOLF CLUB INC

St.Peters Tce. Willunga

Postal Address PO Box 186 Willunga SA 5172

Phone/Fax 8556-4234

## NOMINATION FORM

Date: ...../...../.....

I .....

Title: Mr/Mrs/Miss/Ms      Surname      Christian Names      Preferred Name

Address.....

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

Telephone Nos:      Home:.....      Work: .....

Mobile:.....      E-mail.....

Emergency Contact Person:.....Phone:.....

I HEREBY APPLY FOR MEMBERSHIP OF THE WILLUNGA GOLF CLUB INC.

- I wish to apply for
- Category A 7 day
  - Category A 7 day (**Casual**)
  - Category B 6 day
- Junior
- Under 21 years of age
  - Under 18 years of age
  - Under 12 years of age

**My personal details are:**

Date of Birth: ...../...../.....

**Golfing Details:** - Name of Previous/Current Club ..... Year.....

Current Handicap: ..... Golflink No: .....

If you are to remain a member of another Club, for handicap purposes, please nominate which Club is to be your home Club. I nominate.....as my home Club.

If you have an official Australian handicap but **do not have a Golflink No.** confirmation of your handicap will be required from your previous club before you are eligible to play in Club competitions.

I, THE ABOVE NAMED, DECLARE THAT THE ABOVE PARTICULARS ARE CORRECT AND, IF ADMITTED, I AGREE TO BE BOUND BY THE CONSTITUTION AND RULES OF THE WILLUNGA GOLF CLUB INC. AND THAT ABOVE MEMBERSHIP IS FOR A **FULL 12 MONTH PERIOD.**

**Signature:** .....

**NB: FEES MUST BE PAID AT TIME OF LODGEMENT OF THIS APPLICATION.**  
Payment can be made at the Club Office or Pro Shop by Cash, Credit Card / EFT or Cheque (Cheques to be made payable to CITY OF ONKAPARINGA).

**Office use only:**

Membership Fee \$      Membership No.....      Receipt No.....