



Application for Membership

The Secretary
 Wellington Golf Club Limited
 PO Box 169
 Wellington NSW 2820

Dear Sir/Madam,

I hereby make application to become a member of the Wellington Golf Club Limited, and if elected, agree to be bound by the Memorandum and Articles of Association thereof.

Membership Category		<input type="checkbox"/> Full Playing	<input type="checkbox"/> Junior	<input type="checkbox"/> Sporting	<input type="checkbox"/> Social
Name					
Address			Date of Birth		
			Phone		
Email					
Other Golf Club (if applicable)			GolfLink No.		
I wish to nominate Wellington Golf Club as my Home Club <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Payment made with this application: \$ <input type="checkbox"/> I wish to pay by monthly instalments* of \$ <small>* A direct debit request will be emailed to me which I agree to complete. Monthly instalments will be made on the first day of each month and cover membership for that month.</small>					
Signature			Date		

The above-named applicant is personally known to us, we are of the opinion that the applicant would be a suitable member of the Wellington Golf Club Limited.

Nominator	Signature	Date:
Secunder	Signature	Date:

Office use Only

Fee Paid \$	Date Paid	<input type="checkbox"/> Posted on Notice Board
<input type="checkbox"/> Approved by Board	<input type="checkbox"/> Direct Debit Request sent	<input type="checkbox"/> Direct Debit Request accepted
<input type="checkbox"/> Entered in register	<input type="checkbox"/> Entered MICLUB	<input type="checkbox"/> Golfink number
<input type="checkbox"/> Acceptance letter sent		