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WAUCHOPE COUNTRY CLUB LTD
 24 KING ST (PO BOX 87)
 WAUCHOPE NSW 2446
 Email: wcc@wauchopecountryclub.com.au
 Web: wauchopecountryclub.com.au

MEMBERSHIP APPLICATION

TITLE: SURNAME: CHRISTIAN NAMES:
 POSTAL ADDRESS:
 SUBURB..... STATE..... POSTCODE.....
 STREET ADDRESS(IF DIFFERENT FROM ABOVE).....
 STATE..... POSTCODE..... DOB.....
 PHONE (HOME).....PHONE(WORK).....MOBILE.....
 Email address..... OCCUPATION.....

I hereby apply for membership of the Wauchope Country Club in accordance with the above information .
 I agree to be bound by the Rules and By-Laws of the Club. Applicants are required to provide proof of age.

MEMBERSHIP CATEGORY PLEASE CIRCLE

Description		Annually	Joining Fee		Annually	Joining Fee
GOLF/BOWLS	MALE (2)	\$355	\$167.50	FEMALE (3)	\$330	\$155.00
GOLF	MALE (4)	\$335	\$167.50	FEMALE (5)	\$310	\$155.00
BOWLS	MALE (6)	\$77	\$5.00	FEMALE (7)	\$72	\$5.00
SOCIAL	MALE (8)	\$15		FEMALE (9)	\$15	
JUNIOR GOLF 14-18	MALE (10)	\$45	\$5.00	FEMALE (11)	\$45	\$5.00
JUNIOR BOWLS	MALE (12)	\$10	\$5.00	FEMALE (13)	\$10	\$5.00
SUB JNR GOLF U 14-5	MALE (14)	\$30	\$5.00	FEMALE (15)	\$30	\$5.00

APPLICANTS FOR GOLF MEMBERSHIP MUST COMPLETE THE FOLLOWING

My previous Club is/was.....
 My Golf Link Number is/was
 Last Handicap Held.....Date.....Current Handicap.....

I understand that after my application has been processed Wauchope Country Club will become my home Club.
Have you ever had Membership withdrawn or suspended for any reason? If Yes please attach information

"Please note that in making application for membership of the Club you acknowledge and accept that you will be subject to the Australian handicap System and your handicap may be reviewed in the absolute discretion of the General Committee/Board on the basis of any cards returned in any competition.

By making application to the Club you also expressly acknowledge and agree that you will have no right to make representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee/Board in relation to a review of your handicap"

I attest that this information is true and correct

RECEIPT NO: DATE:..... MEMBERSHIP NO: CATEGORY:.....
 GOLF COMMITTEE APPROVALDATE:.....HANDICAPPER.....