

Wyangala Country Club Ltd

Application for Membership

Membership duration: 1 year
(please tick one box) 3 years

TO - The Committee, Wyangala Country Club Limited.

I, Mr/Mrs/Miss/Ms /
FULL NAME PREFERRED FIRST NAME

of
HOME ADDRESS

.....
POSTAL ADDRESS (if different from above)

.....
OCCUPATION EMAIL ADDRESS PHONE NUMBER

desire to become a member of Wyangala Country Club Limited and request you to enter my name in the register of members accordingly, and I agree to be bound by the Memorandum and Articles of Association and Rules or By-Laws made there-under.

I am over the age of 18 years, having been born on

Please tick this box if you are eligible for a concession, that you wish to claim:

For the Annual Report and other Club correspondence, please indicate how you would like to receive it:

- As a **hard copy** to my postal address (above) Email me a link to **view** it online
 As a **soft copy** to my email address (above) I **do not want** to receive the Annual Report or other correspondence from the Club

DATED this day of 20.....
Applicant signature

Nomination and Membership Fees must be lodged with this Application

I,, being an ordinary member of Wyangala Country Club Limited, nominate the above-named Applicant for membership of the Club. The applicant is known to me and I consider him/her to be a person worthy of admission to the Club.

.....
Nominator signature

I,, being an ordinary member of Wyangala Country Club Limited, nominate the above-named Applicant for membership of the Club. The applicant is known to me and I consider him/her to be a person worthy of admission to the Club.

.....
Second signature

FOR OFFICE USE ONLY

RECEIVED this day of 20.....
Secretary signature

Receipt Number: _____ Membership Number: _____ Details entered: _____