

**Wauchope Country Club**  
Address: 24 King Street Wauchope NSW 2446

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ABN: 24 000 044 315

Email: [admin@wauchopecc.com.au](mailto:admin@wauchopecc.com.au)  
Web: [www.wauchopecountryclub.com.au](http://www.wauchopecountryclub.com.au)

### **MEMBERSHIP APPLICATION FORM – 2021 / 2022**

#### **MEMBERSHIP TYPE (Please Circle)**

##### Social Memberships

1 Year Social	\$ 5	*Golf	\$580
3 Year Social	\$10	*Golf/Bowls	\$620
		*Men's Golf + Vets (Over 55 Only)	\$590
		Golf (9 Hole Only) (Ladies – Mon / Men – Thu)	\$240

##### Sporting Memberships

Cadet Golf (18-23 Years)	\$55	Bowls	\$125
Intermediate Golf (24-29 Years)	\$315	Multi-Bowls	\$150
Social Golf (Pro-Rata per day)	\$370	Social Bowls	\$ 50
		Junior Sports (Golf / Bowls)	\$ 10

**\*Ask our friendly staff about monthly Direct Debit and BPAY options for golf memberships\***

#### **PERSONAL DETAILS**

Title:  Mr  Mrs  Ms  Miss

Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

*Any information provided on this form will only be used in accordance with The Privacy Act Australia (1988)*

**Wauchope Country Club's Annual Report is posted online 21 days prior to the Annual General Meeting.**

Do you wish to receive a copy of the Club's Annual Report?  Yes  No

#### **GOLF MEMBERS ONLY**

DO YOU HAVE AN EXISTING GOLFLINK NUMBER? **YES / NO** GOLFLINK #: \_\_\_\_\_

DO YOU NOMINATE WAUCHOPE CC AS YOUR HOME CLUB? **YES / NO** HOME CLUB : \_\_\_\_\_

I \_\_\_\_\_ understand and agree that in making application for membership of the Club I will be subject to the Australian Handicapping System and my handicap may be reviewed in the absolute discretion of the General Committee/Board on the basis of any cards returned in any competition. I also expressly acknowledge and agree that I will have no right to make any representations to the handicapper before any decision is made to review my handicap and that there shall be no appeal whatsoever from any decision of the General Committee/Board in relation to a review of my handicap.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

#### **OFFICE USE ONLY**

IdentificationType: \_\_\_\_\_ Identification # \_\_\_\_\_

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Membership No. \_\_\_\_\_