become a member.



BY COMPLETING THIS APPLICATION FORM YOU ARE ENTITLED TO CLUB MEMBERSHIP AT WESTS ILLAWARRA AND PORT KEMBLA GOLF CLUB.

MY MEMBERSHIP TERM WILL BE:	MY HOME CLUB VENUE WILL BE:	
1 YEAR MEMBERSHIP / \$10	WESTS ILLAWARRA	
3 YEAR MEMBERSHIP / \$20	PORT KEMBLA GOLF CLUB	
5 YEAR MEMBERSHIP / \$40		
OTHER	GOLF CATEGORY	
TITLE* FIRST NAME*	MIDDLE NAME*	
SURNAME*		D.O.B*
RESIDENTIAL ADDRESS*		
SUBURB/CITY*		POSTCODE*
POSTAL ADDRESS* (IF DIFFERENT FROM ABOVE)		
SUBURB/CITY*		POSTCODE*
MOBILE PHONE*	HOME PHONE*	
EMAIL ADDRESS*		
OCCUPATION*	ARE YOU A MEMBER OF ANY GROUPS SUP	PORTED BY THE CLUB?









benefiting you.

COUNTRY OF BIRTH*	
LANGUAGE SPOKEN 1*	LANGUAGE SPOKEN 2*
I WOULD LIKE TO OPT IN TO RECEIVE INFORMATION A	ABOUT GAMING PROMOTIONS YES NO
PLEASE NOTE - Where you have provided an email add provide all notices and communications (including Not to you by email to that address.	Iress, you agree and acknowledge that the Club will tices of Annual General Meeting and the Annual Report)
TERMS AND CONDITIONS	
GOLF CLUB, AND, IF ACCEPTED, REQUEST THAT MY NAME BE ENTER BE BOUND BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION INFORMATION GIVEN IN THE APPLICATION IS TRUE AND CORRECT.	I AND RULES OR BY-LAWS MADE THEREUNDER AND STATE THAT
	IN IN ACCORDANCE WITH OUR PRIVACY POLICY WHICH IS AVAILABLE DM.AU. IN PARTICULAR WE MAY USE YOUR PERSONAL INFORMATION
HAVE YOU READ OUR TERMS & CONDITIONS? (ABOVE). IF YOU AGREE, PLEASE TICK THE FOLLOWING BOX*
REWARDS, WHICH ENTITLES YOU TO COLLECT BONUS POINTS WHEN OUR FOOD & BEVERAGE OUTLETS.	
SIGNATURE*	DATE
*MANDATORY INFORMATION REQUIRED	
OFFICE USE ONLY	
PROVISIONAL MEMBERSHIP NO: FEE TYPE/GOLF LIN	NK NUMBER: DATE:
PROCESSED BY STAFF MEMBER:	ID NUMBER:
ID TYPE: FULL NAME ID NUMBER PRO	DMOTIONS ADDRESS SIGNATURE
CHECKED BY:	
CLUB JOINED AT: WESTS ILLAWARRA PO	ORT KEMBLA GOLF CLUB