

# MEMBERSHIP

## 2020/21

Subscription to 30<sup>th</sup> June 2021

### COMPETITION DAYS

**MEN** Wednesday, Saturday, Sunday  
**LADIES** Thursday, Saturday, Sunday  
**MIXED** Tuesday  
**SENIOR'S** Monday

#### 7 DAY

Full Playing – Handicap Included

**\$850**

#### NON COMPETITION

Social Play Only – No Handicap

**\$350**

#### 6 DAY

Sunday to Friday – Handicap Included

**\$660**

#### LIFESTYLE

\$35 per Comp Round, No Honour Board Events,  
Book 7 Days in Advance Only

**\$415**

#### WEEKDAY

Monday to Friday – Handicap Included

**\$540**

#### DAYLIGHT SAVING

7 Days – Handicap Included – No Honour Board  
Events - Subscription 4/10/20 – 4/4/21

**\$400**

#### INTERMEDIATE 1 (18-23yrs)

Full Playing – Handicap Included

**\$260**

#### JUNIOR (Under 18yrs)

7 Days – Handicap Included

**\$60**

#### INTERMEDIATE 2 (24-29yrs)

Full Playing – Handicap Included

**\$410**

#### CADET (12yrs & Under)

7 Days – No Handicap

**\$20**

#### INTERMEDIATE 3 (30-35yrs)

Full Playing – Handicap Included

**\$540**

#### ADVANCED GREEN FEE

**\$520**

#### PRIVATE CART USE

**\$240**

PRIVATE BIKE USE NOT INCL. STORAGE

**\$120**

#### 6 DAY INTERMEDIATE (18-35yrs)

Sunday to Friday – Handicap Included

**\$240**

#### FAMILY DISCOUNT<sup>^</sup>

**10% OFF**

*Payment Plans Available*

<sup>^</sup> Family discount 10% off subscription fees only. Available for couples or families paying together and all members must be present when paying. Does not apply to cart, bike or advanced green fees. Does not apply to junior or cadet categories.



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# WYONG GOLF CLUB

## GOLF MEMBERSHIP FORM

7DAY 6DAY WEEKDAY NONCOMP DAYLIGHT SAVINGS JUNIOR CADET LIFESTYLE

INTERMEDIATE: 18-23yrs 24-29yrs 30-35yrs 6DAY

SURNAME:

GIVEN NAMES:

KNOWN AS:

RESIDENTIAL ADDRESS:

POST CODE:

POSTAL ADDRESS:

(LEAVE BLANK IF NOT DIFFERENT)

POST CODE:

PHONE No:

DATE OF BIRTH: / /

WORK No:

LICENCE No:

MOBILE No:

OR ANY FORM OF PHOTO ID / TO BE PRESENT ON REQUEST

EMAIL ADDRESS:

CONTACT PREFERENCE:  SMS  MAIL  EMAIL

OCCUPATION:

EMERGENCY CONTACT NAME:

CONTACT No:

CURRENT OR PREVIOUS GOLF CLUB:

GOLF LINK No:

WILL **WYONG** BECOME YOUR HOME CLUB? **YES / NO**

IF **NO** YOUR HOME CLUB IS:

AFFILIATED CLUB:  Wyong Wildcats Baseball  Central Coast Hockey  Wyong Soccer Club  N/A

DO YOU GIVE CONSENT TO PUBLISH YOUR CONTACT DETAILS IN ANY CLUB MEDIA FORMAT?

**YES / NO**

DO YOU GIVE CONSENT FOR YOUR PHOTOGRAPH TO BE PUBLISHED IN ANY CLUB MEDIA FORMAT?

**YES / NO**

HAVE YOU EVER BEEN BANNED OR SUSPENDED FROM ANOTHER CLUB?

**YES / NO**

DO YOU HAVE YOUR OWN CART OR BIKE? (IF SO, FEES APPLY)

**YES / NO**

**Declaration;** I, the above named applicant, do fully understand that I cannot be elected as a member of the Wyong Golf Club until the Board of Directors meeting following the expiration of fourteen days from the date hereon. If duly elected to the club, I hereby agree to abide by the Memorandum and Article of Association of the Wyong Golf Club Ltd. Warning: The club By-Laws provide for automatic disqualification of member nominating and seconding of underage persons for membership. Please Note: That in making application for membership of the club you acknowledge and accept that you will be subject to the Australian Golf Union Handicapping 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 any representations to the handicapper before and decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the general Committee/Board to a review of your handicap.

**SIGNATURE OF APPLICANT:**

**DATE:** / /

IF UNDER 18: I HEREBY CONSENT TO THE ABOVE APPLICANT BECOMING A MEMBER OF WYONG GOLF CLUB.

PARENT/GUARDIAN SIGNATURE:

**DATE:** / /

PROPOSER SIGNATURE:

**DATE:** / /

SECONDER SIGNATURE:

**DATE:** / /

### CREDIT CARD PAYMENT DETAILS

CREDIT CARD NUMBER:

AMOUNT \$

NAME ON CARD:

EXPIRY DATE: / /

SIGNATURE

CCV:

### OFFICE USE ONLY

DATE: / /

RECEIPT NO:

SUBSCRIPTION \$

RECEIPTED BY SIGNATURE:

FULL / 1/2 YEARLY / PAYG / PRORATA / PART

DATE PASSED: / /

TOTAL \$

DIRECTOR APPROVED SIGNATURE:

MEMBERSHIP No: