**Golf Course Access/Club Membership**

**Application 2021/22**

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| **PERSONAL DETAILS** | | | | | | | | | | |
| **Title:** | **First Name:** | | | | **Surname:** | | | | | |
| **Phone (H):** | | | **(M):** | | | | | | | |
| **Address:** | | | | | | | | **PC:** | | |
| **Email:** | | | | | | | | **Sex: M / F** | | |
| **Date of Birth:** | | | | | | **Occupation:** | | | | |
| **Emergency Contact:** | | | | | | | **Phone:** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **ACCESS NO :** |  | **GOLF CLUB MEMBER** | **YES / NO** | | | | | | | | | |  | |
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| **CLUB MEMBERSHIP No:** | | 511170 | | **HOME CLUB WILLUNGA: YES / NO** | | | | | | |
| **PREVIOUS CLUB No:** | |  | | Must provide previous number if you wish to keep your handicap | | | | | | |

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| **GOLF COURSE ACCESS FEES** | Monthly  Direct Debit |  | **Annual Up Front Fee** |
| **\***7 Day Membership | **$85.42** |  | **$1025** |
| 6 Day Course Access (excludes Saturdays) | **$73.34** |  | **$880** |
| 5 Day Course Access (excludes weekends and public holidays) | **$62.17** |  | **$746** |
| 9 Holes Course Access (excludes Saturdays) | **$50.17** |  | **$602** |
| 6 Day Family Membership (2 adults – Kids play free (excludes Saturdays) | **$130.84** |  | **$1570** |
| Off-Season Pass – 4 months 6 Day Membership (excludes Saturdays) | **N/A** |  | **$365** |
| **\***Junior Membership (12 and under) | **N/A** |  | **$52** |
| **\***Student Membership (18 and under) | **N/A** |  | **$103** |
| **\* *Must be club member*** |  |  |  |
| **TO BE A GOLF CLUB MEMBER** |  |  |  |
| **A separately paid fee applies to be a member of the Willunga Golf Club this will be paid to the Willunga Golf Club via cash or EFT to Proshop** | | | |
| Adult Willunga Golf Club membership fee (includes Affiliation fee) | **N/A** |  | **$100.00** |
| Junior Willunga Golf Club membership fee (includes Affiliation fee) | **N/A** |  | **$50.00** |

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| **ACCEPTANCE OF CONDITIONS (Please see member agreement form)** | | |
| As a patron of the Willunga Golf Course, I agree to act and abide by the Regulations of the City of Onkaparinga and understand that failure to do so could result in my removal from the premises and/or termination of my Season Ticket/Multi Visit Pass.  I have read and understood the conditions of usage as stated on the membership agreement form. | | |
| Print Name: | Signature: | Date: |
| **Parent/Guardian to co-sign if applicant joining is under 18 years of age:** | | |
| Parent/Guardian Name: | Signature: | Date: |

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| **ADMINISTRATION ONLY** | **Entered by:** |  | **Completed Date:** |  |