**Golf Course Access/Club Membership**

**Application 2021/22**

|  |
| --- |
| **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** |

 |  |
|  |  |  |
| **CLUB MEMBERSHIP No:** | 511170 | **HOME CLUB WILLUNGA: YES / NO** |
| **PREVIOUS CLUB No:** |  | Must provide previous number if you wish to keep your handicap |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |

|  |
| --- |
| **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:  |

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