

**Serpentine & Districts Golf Club Inc**  
**Membership Application Form (2023)**

**Applicant Information**

Full Name: \_\_\_\_\_  
Surname Given Names Title

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Suburb \_\_\_\_\_ Postcode

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

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*If you have ever been a member of any other Golf Club, please fill in the information below:*

Name of last Golf Club: \_\_\_\_\_ Year of Resignation: \_\_\_\_\_

Handicap: \_\_\_\_\_ Golf Link Number: \_\_\_\_\_

Do you want an official handicap? YES / NO Will your home club be Serpentine? YES / NO

**Declaration**

I hereby agree to abide by the rules & regulations of the Serpentine & Districts Golf Club.

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer (sign & print name): \_\_\_\_\_

Secunder (sign & print name): \_\_\_\_\_

*Note: The Proposer & Secunder must be financial members of the Serpentine & Districts Golf Club.*

**Membership Fees**

Ordinary Membership: \$440 Junior Membership: \$60

Social Membership: \$25 Country Membership: \$100

<b>Total Fee Payable:</b>	_____
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**Notes**

1. A Junior Member is a person under the age of 18 years on the 30th September in a membership year.
2. TOTAL FEES DUE (Nomination + Membership) must accompany this Application for Membership.
3. Give this APPLICATION to a Club Officer or post to: The Treasurer, Fred Cox, 41 Sainly Turn, BYFORD, WA, 6122.
4. FEES can be paid DIRECT via EFT to the Golf Club bank account (BSB: 633-000, Account: 129790879). Please put your surname in the reference field.
5. If an application is not accepted, the Membership Fee will be refunded, but the Nomination Fee will not.
6. HANDICAP CARDS can be accepted from a proposed Member prior to acceptance as long as all fees have been paid. The person may play with the field on payment of competition fees, but cannot win a trophy, but can win novelties.
7. Volunteer Help around the Club – we rely heavily on volunteers to keep our fees as low as they are. We would appreciate your assistance whenever your circumstances allow.

**Office Use Only**

Date Received: \_\_\_\_\_ by Secretary/Treasurer: \_\_\_\_\_

Date Approved: \_\_\_\_\_ by Management Committee: \_\_\_\_\_