



Two Wells Golf Club Inc.

Application for Membership

Name:

Postal Address:
.....

Post code:

Membership Category

- Full Member
- 5 day member
- Junior (under 18 years).

Date of birth:

Phone

Home:

Business:

Mobile:

Email:

Golflink No. (if existing from other club)

Current Australian Handicap:

Previous/current golf club:

Signature:Date:

Committee Use Only

Date membership granted:

President (signature):
