

Please briefly explain your reasons for applying to join Royal Perth Golf Club?

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Applicant Signature

.....
Date

I give consent to this application
(Parent / Guardian Print Name)

Please note all refreshments purchased at the Club will need to be paid for at the time of purchase. No credit facilities will be made available for this category of membership.

Office use only:

Assessed by Club Professional on (date) as:
(please tick as appropriate)

Recommend for 12 month Temporary Junior Membership

Recommend for Sunday Clinics prior to re-application for Temporary Junior Membership

Signature:

.....
Club Professional

Approved:

.....
Chairman, Junior Committee

Please return this form to: Royal Perth Golf Club
Labouchere Road
SOUTH PERTH WA 6151



TEMPORARY JUNIOR MEMBERSHIP APPLICATION FORM

Temporary Junior Membership is available to boys and girls under the age of 18, for a maximum period of 12 months at no charge.

Upon submission of your application, an assessment of your golfing ability will be made by the Club Professional. Successful applicants will be allowed access to the course during the Sunday Junior competition times only. Unsuccessful applicants will be encouraged to join the Sunday clinics and re-apply once their skills have improved.

At the end of the 12 month period you will be encouraged to apply for Junior membership.

Applicants Details (PLEASE PRINT CLEARLY)

Surname:

Given Names:

Home Address:

Suburb: Postcode:

Sex: M / F Date of Birth:

Home Phone: Mobile:

Email:

Parents Details (PLEASE PRINT CLEARLY)

Father's Name:

Address:

Suburb: Postcode:

Home Phone: Work Phone:

Mobile:

Email:

Mother's Name:

Address:

Suburb: Postcode:

Home Phone: Work Phone:

Mobile:

Email:

Emergency Contacts (If not parents)

1. Name:

Home Phone: Work Phone:

Mobile:

2. Name:

Home Phone: Work Phone:

Mobile:

Attended over the past 3 years:

Primary School: Secondary School:

TAFE: University:

Are you currently employed? Yes / No If Yes, please complete the following:

Employer Name:

Employer Address:

Work Phone:

Job Description:

Do you hold an AGU / WGA or Club Handicap? Yes / No If Yes, please complete the following:

Handicap: Golf Link Number:

Please list any Golf Club memberships you hold or have held.

CLUB	COMMENCE DATE	FINISH DATE
.....
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Have you been refused Membership or suspended from a Sporting Club?

Yes / No