



# MEMBERSHIP APPLICATION AND RENEWAL FORM

Membership# .....

TITLE (Mr/Mrs/Ms/Miss)		SURNAME (Cognome)	
1 <sup>ST</sup> NAME (Nome)		COMPANY	
ADDRESS (Indirizzo)			
SUBURB		POSTCODE	
PHONE (H)	(W)	(MOB)	
EMAIL			
OCCUPATION		D.O.B. (Data di nascita) ...../...../.....	

## Partner Details

TITLE (Mr/Mrs/Ms/Miss)		SURNAME (Cognome)	
1 <sup>ST</sup> NAME (Nome)		D.O.B. (Data di nascita) ...../...../.....	

## Child Details

FULL NAME (Nome Completo)	D.O.B. (Data di nascita) ...../...../.....
FULL NAME (Nome Completo)	D.O.B. (Data di nascita) ...../...../.....
FULL NAME (Nome Completo)	D.O.B. (Data di nascita) ...../...../.....
FULL NAME (Nome Completo)	D.O.B. (Data di nascita) ...../...../.....

## MEMBERSHIP CATEGORIES (please TICK all that apply)

**\$25 nomination fee applicable to new memberships**

- |  |   |
|--|---|
| <input type="checkbox"/> FAMILY \$310 (includes \$85 Club credit)  | <input type="checkbox"/> SINGLE \$295 (includes \$85 Club credit)         |
| <input type="checkbox"/> PENSION \$110 (includes \$30 Club credit) | <input type="checkbox"/> FAMILY PENSION \$125 (includes \$30 Club credit) |
- SENIORS / PENSION CARD NUMBER REQUIRED .....
- |   |   |
|---|---|
| <input type="checkbox"/> VISA HOLDER \$88 (holder of a temporary visa)          | <input type="checkbox"/> YOUTH \$88 (from 18 to 30 years old) |
| <input type="checkbox"/> SOCIAL \$88 (please select social activities overleaf) |   |

Please TICK any/all social activities you will be participating in

POOL  DARTS  ITALIAN CLASSES (Run by IAWCC, additional fees apply)

WAIGC (Golf Club)  LET'S CATCH UP

WA Italian Golf Clubs (WAIGC) members are required to pay the following additional Membership Fee and provide the information requested below

WAIGC MEMBERSHIP \$200  SHIRT SIZE (Men 2-3XL & 5XL, Ladies 8-22)

Are you a member of another Golf Club? (Please provide details)

GOLF CLUB

GOLF LINK NUMBER

### PAYMENT DETAILS AND METHOD OF PAYMENT

TOTAL PAYABLE \$.....(total for each Membership Category ticked)

BANK TRANSFER: BSB: 016-464 ACC: 287918416  
(Reference - Please quote invoice number)

CREDIT CARD  MasterCard  Visa

CARD NUMBER

NAME OF CARDHOLDER

EXPIRY

CCV

CARDHOLDER SIGNATURE

...../.....

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### TERMS AND CONDITIONS OF MEMBERSHIP

1. All membership applications are subject to approval by the WA Italian Club Inc. Board of Management and proposing member/s.
2. All new members are required to pay a one-off nomination fee with their initial application.
3. Membership is payable annually and valid for 12 months from 1st October to 30th September.  
If you are joining mid-term, membership fees will be charged on a pro-rata basis.
4. Each October you will receive an invoice to renew your membership. All members are required to pay the applicable membership renewal fees by the due date.
5. It is a requirement of Western Australia Italian Golf Club (WAIGC) that all members are members of the WA Italian Club Inc. WAIGC members acknowledge that additional WAIGC fees include mandatory annual Golf Link registration fees.
6. All non financial members will not be permitted to use the facilities and services of the WA Italian Club Inc.

I/We agree to abide by the WA Italian Club Inc. Constitution and Terms and Conditions of Membership.

APPLICANT SIGNATURE/S

DATE

...../...../.....

PROPOSER

SIGNATURE

SECONDER

SIGNATURE

### OFFICE USE ONLY

Abacus  New  CRM  Membership Card  Credit Card  
 10% members  Direct  Cash  WAIGC



# SPONSOR APPLICATION FORM (12 MONTHS PERIOD)



WA ITALIAN CLUB (INC) ABN 24 628 536 286  
217-235 Fitzgerald Street, West Perth WA 6005  
Phone: 9328 4104  
Email: reception@waitalianclub.com  
Website: www.waitalianclub.com

Company Name .....

TITLE (Mr/Mrs/Ms/Miss)		SURNAME (Cognome)	
1 <sup>ST</sup> NAME (Nome)			
ADDRESS (Indirizzo)			
SUBURB		POSTCODE	
PHONE (H)	(W)	(MOB)	
EMAIL			

Please tick box if you would like to receive newsletters and notifications by email

### SPONSORSHIP PACKAGE (please TICK)

- MAJOR \$15,000 (plus GST)       CORPORATE \$7,500 (plus GST)
- GOLD \$5,000 (plus GST)       SILVER \$2,500 (plus GST)
- BUSINESS MEMBER \$1000 (plus GST)

I / We agree to abide by the Constitution and Regulations of the Club

APPLICANT SIGNATURE/S	DATE ...../...../.....
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### PAYMENT DETAILS AND METHOD OF PAYMENT

CREDIT CARD DETAILS:

CARD NUMBER  EXP DATE

MasterCard       Visa

Signature ..... (Only sign for Credit Card payment)

EFT DETAILS:

BSB: 016 416      ACC NUMBER: 2879 18416      REF: QUOTE INVOICE NUMBER

(OFFICE USE ONLY) MEMBERSHIP CARD NO:

DATE GIVEN/SENT:

RECEIPT NO: