



MEMBERSHIP APPLICATION AND RENEWAL FORM

Membership#

TITLE (Mr/Mrs/Ms/Miss)		SURNAME (Cognome)	
1 ST 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 ST 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) | <input checked="" type="checkbox"/> \$25 NOMINATION FEE APPLICABLE ON NEW MEMBERSHIP |

Please TICK social activities you will be participating in

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

WAIGC (Golf Club)

WA Italian Golf Club (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
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PAYMENT DETAILS AND METHOD OF PAYMENT

TOTAL PAYABLE \$ (total for each Membership Category ticked & Nomination Fee)

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
...../.....	

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