



M E M B E R S H I P R E I N S T A T E M E N T
I N F O R M A T I O N U P D A T E

I hereby apply for **MEMBERSHIP REINSTATEMENT** at Woodlands Golf Club.

I undertake that if elected I will comply with the Club's Articles of Association and By-laws in force from time to time.

I declare that the following details are correct:

FULL NAME OF APPLICANT:
(Please Print)

CATEGORY:

ADDRESS:

POSTCODE:..... **TELEPHONE (H):**

TELEPHONE (W):

MOBILE:.....

DATE OF BIRTH:

E-MAIL:

OCCUPATION:.....

COMPANY NAME:

EMERGENCY CONTACT:.....

SIGNATURE:

DATE:

FOR FURTHER INFORMATION PLEASE CONTACT THE CLUB
Email: info@woodlandsgolf.com.au

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