WA Pharmacy Golf Club
Application for Membership / Renewal of Membership 2026

I, being a Pharmacist or a Pharmacy Industry Representative or am eligible for Membership in accordance with the Rules of the Association, hereby apply for membership of the WA Pharmacy Golf Club and upon election and while a member of the Club, agree to be bound by the rules and pay the Club all membership fees, levies or other money payable from time to time.

Full name	
Pharmacy/Business Name	
Address	
Phone	
Email	

To compete ONLY if a member of another golf club:

GA Handicap	
Name of Golf Club	
Golf Australia Number	

Signature	
Date	

Annual Membership Fees

Annual Membership Fees, 1 January 2026 – 31 December 2026:	$150.00
WAPGC Bank Account	Account Name: WA Pharmacy Golf Club Account Number: 497907731 BSB: 016-498