Hamilton Golf Club

170 Rippon Road HAMILTON 3300
P: (03) 5571 2644 F: (03) 5571 2647
E: admin@hamiltongolfclub.com.au

Application for Golf Club Membership

I desire to become a: (Please Tick)

☐ Full member	☐ District (over20km less than 60km)	☐ Country (over 60km)
☐ Category C	☐ Senior - 70 to 80 (Full member for 10 years)	☐ Senior - over 80 (Member for 20yrs.)
☐ 3 Months Member	☐ Beginner / Introductory	☐ Social
☐ Junior (18 to25)	☐ Junior (Under 18)	☐ Junior (Under 14)

As a Member of the Hamilton Golf Club I hereby agree to be bound by the Constitution and By-Laws of the Club. I understand that the Committee of Management must approve this application.

Full Name: Mr. Mrs. Ms. ……..

Date of Birth ……

Residential Address ……

……**Post Code:** ……

Postal Address ……

……**Post Code:** ……

Email Address ……

Phone: **Home**…….. **Work** ……

Mobile ……...

Occupation ……

Signature of Candidate: ……..

Proposer ……**Seconder**: ……..

Signed……**Signed**……

Dated:

Have you ever been a member of another Golf Club? Yes ☐ ☐ No ☐ ☐

If so, what Golf Club……Year…… Handicap …….

Previous Golf Link Number ☐☐☐☐☐☐☐☐☐☐☐☐

New Golf Link Number **31806** ☐☐☐☐☐☐☐☐☐☐

Fees paid ---------- **Date approved by Board** ----------