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

Hamilton GOLF CLUB – Est. 1896 –

Renewal for Golf Club Membership 2024

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: **Mobile** ……...

Signature of Candidate: ……..

Proposer ……**Seconder**: ……..

Signed……**Signed**……

Dated: ……

This Membership form will be presented at our Monthly Board Meeting for Membership acceptance
If for any reason your membership is not accepted you will be refunded in full.

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** ----------