



HURSTVILLE GOLF CLUB INC
ABN 32 583 203 209
 ADDRESS PO BOX 148 MORTDALE NSW 2223
 Email h.gc@live.com.au

Application for Membership
(12 months from 1st July each year) Club Contacts

President 02 95343016
 Secretary 0409 006 053

Personal Details

Title CHRISTIAN NAME SURNAME
 DATE OF BIRTH (DD/MM/YYYY) _____
 Junior and Senior Members: Please provide a copy of your birth certificate, drivers license or similar document
 ADDRESS _____
 _____ POSTCODE
 PHONE (HOME) _____ MOBILE _____
 BUSINESS _____ EMAIL _____
 WORKPLACE/COMPANY NAME OCCUPATION

Membership Details

HAVE YOU BEEN OR ARE YOU A MEMBER OF ANOTHER CLUB? YES/NO
 IF YES, NAME OF CLUB _____ GOLFLINKNO ____
 WHICH CLUB DO YOU INTEND TO HAVE AS YOUR HOME CLUB? _____

MEMBERSHIP CATEGORY	Junior	Standard	Senior
Please circle	(18 or under)		(60 & over)
MEMBERSHIP TYPE	7 Day Member	6 Day Midweek Member	
Please circle		(excludes Saturdays)	

Note: Discounted fees are provided for Midweek membership. All fees paid cover the period to 31 July of the current financial year and are inclusive of GST. Subject to demand, a waiting list may exist for 7 Day membership.

I HEREBY APPLY TO BECOME A MEMBER OF THE HURSTVILLE GOLF CLUB INC (HGC). UPON MY ADMISSION AS A MEMBER I AGREE TO BE BOUND BY THE RULES OF ASSOCIATION AND ANY BY LAWS OR REGULATIONS OF THE CLUB FROM THE TIME BEING INFORCE.

SIGNATURE _____ DATE (DD/MM/YYYY) _____

Sponsor's Details (Two Sponsors required)

(Note, If you do not know a sponsor please contact either the Club President or Secretary)

Signature ----- GOLFLINKNO -----

Signature ----- GOLFLINKNO -----

AS CURRENT MEMBERS OF THE HURSTVILLE GOLF CLUB, WE NOMINATE THE APPLICANT FOR MEMBERSHIP

Applicants Under 18 years

Parent or guardian name and signature required

Name ----- SIGNATURE ----- DATE (DD/MM/YYYY) -----

Under 12 - PGA Professional review required

Payment Method: Please Tick

CHEQUE OR MONEY ORDER PAYABLE TO HURSTVILLE GOLF CLUB INC
DIRECT CREDIT PAYMENT (EFT) WESTPAC BANK BSB 032 167 ACCOUNT NO 197614
 For identification you must include your name as a payment reference.
CREDIT CARD PAYMENT TYPE OF CARD VISA MASTERCARD
 CARD NUMBER _____
 CARD HOLDER _____ EXPIRY DATE: ____ / ____
 SIGNATURE: