

HAMILTON GOLF CLUB - APPLICATION FOR MEMBERSHIP

Please tick the membership category for which you are applying:

ORDINARY

☐

WEEKDAY

☐

YOUTH

☐

ADULT ACADEMY

☐

SOCIAL

☐

RED TEE

☐

Notes

NAME

(Block Capitals).....

ADDRESS

.....

The applicant must inform the Club Manager of any change of address or other details.

.....

..... Post Code

D.O.B.

...../...../.....

Date of birth must be entered.

CONTACT
DETAILS

TEL.

E-MAIL

OCCUPATION

PREVIOUS GOLF CLUB(S)

CDH NUMBER..... HANDICAP.....

PROPOSER

.....

The Proposer and Seconder must know the applicant and be able to vouch for his good character.

MEMBER NO.

.....

SIGNATURE

.....

Date

SECONDER

.....

MEMBER NO.

.....

SIGNATURE

..... Date

DECLARATION

I hereby declare that the information I have provided is correct to the best of my knowledge and I accept any decision made by Hamilton Golf Club in respect of my application.

Signed

Date

