



# MEMBERSHIP APPLICATION

PO Box 148 MORTDALE 2223  
SECRETARY: 0412 256 499  
PRO SHOP: (02) 9534 5024  
EMAIL: H.GC@LIVE.COM.AU

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 THE ASSOCIATION AND ANY LAWS OR REGULATIONS OF THE CLUB FROM THE TIME BEING IN FORCE

SIGNATURE

DATE:

## PERSONAL DETAILS

TITLE

FIRST NAME

SURNAME

DATE OF BIRTH

GENDER

☐ FEMALE ☐ MALE

STREET

CITY

POSTCODE

TELEPHONE

MOBILE

EMAIL ADDRESS

## PAYMENT

PLEASE TICK YOUR PAYMENT OPTION

☐ CHEQUE

PAYABLE TO HURSTVILLE GOLF CLUB INC

☐ DIRECT CREDIT / EFT

WESTPAC BANKING CORP.  
BSB 032-167  
ACCOUNT No: 197614

PLEASE INCLUDE YOUR NAME IN THE PAYMENT REFERENCE

☐ CREDIT/DEBIT CARD

CARD PAYMENTS ARE MADE IN THE PRO SHOP WITH THE APPLICATION.

☐ CASH

PAYABLE AT THE PRO SHOP WITH YOUR APPLICATION.

## MEMBERSHIP

HAVE YOU BEEN OR ARE YOU A MEMBER OF ANOTHER GOLF CLUB?

☐ YES ☐ NO

IF YES:

CLUB NAME

GOLFLINK NO.

WHICH CLUB DO YOU WISH TO HAVE AS YOUR HOME CLUB?

☐ HURSTVILLE GOLF CLUB

OTHER:

HAVE YOU BEEN SUSPENDED OR DISQUALIFIED FROM MEMBERSHIP AT ANY OTHER AFFILIATED GOLF CLUB: ☐ YES ☐ NO

MEMBERSHIP

- ☐ JUNIOR  
☐ 7 DAY MEMBERSHIP (NO SENIOR DISCOUNT)  
☐ 6 DAY MEMBERSHIP (EXCLUDES SATURDAYS)  
☐ 6 DAY SENIOR MEMBERSHIP (EXCLUDES SATURDAYS)

PLEASE ATTACH PROOF OF AGE FOR JUNIOR AND SENIOR MEMBERSHIP.  
E.G. LICENCE COPY, BIRTH CERTIFICATE

APPLICATIONS ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP COMMITTEE. FULL REFUNDS ARE MADE FOR ANY APPLICATIONS NOT ACCEPTED. MEMBERSHIP WELCOME EMAIL WILL SENT ONCE YOUR APPLICATION HAS BEEN ACCEPTED AND PROCESSING HAS BEEN COMPLETED. PLEASE ALLOW A WEEK FOR YOUR APPLICATION TO BE PROCESSED.

APPROVED:

DATE:

GOLFLINK No.:

BPAY No.