

MEMBERSHIP APPLICATION

HUNTER VALLEY GOLF CLUB

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430 Wine Country Drive

LOVEDALE NSW 2325

Phone: 02 4991 0977

I wish to join Hunter Valley Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations. The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature.....Date.....

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name..... Known as..... Surname.....

Home Address..... Suburb..... Postcode.....

Postal Address..... Suburb..... Postcode.....

Telephone: Home Business.....

Mobile..... E-Mail.....

Date of Birth...../...../.....Occupation.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend).....

Phone Number (for emergency contact).....

Golf Link Number.....

OFFICE USE ONLY

Posted to system..... Membership Number Issued:.....

