

Membership Application Form

I desire to become a member of **HILL TOP GOLF and COUNTRY CLUB Limited** (the Club) and hereby agree, if elected, to be bound by the Memorandum, Articles of the Association and the By-Laws of the Club, as amended or altered from time to time and with the present form, of which I am familiar.



PERSONAL DETAILS

I, Mr /Mrs /Miss /Ms	Surname:	Given Name:	Preferred Name:
Postal Address:			
Suburb:		State:	Post Code:
Mobile:		Home Phone:	
Email:		Occupation:	
Date of Birth:		Bus Tel No:	
Emergency Contact:		Emergency Relationship:	Emergency Phone:

NOMINATION

The above-named candidate is personally known to us and we believe him/her to be a person suitable to be elected as a member of **HILL TOP GOLF and COUNTRY CLUB Limited**:

Proposed by _____ (Print name & Membership no.)	Sign _____
Seconded by _____ (Print name & Membership no.)	Sign _____

MEMBERSHIP TYPE

1. Have you ever been a member of Hill Top Golf and Country Club before?	Yes ☐ No ☐	→	2. If yes, what was the date you last Joined Hill Top?	_____
3. Do you permanently reside within a 30km and 70km radius from Hill Top?	Yes ☐ No ☐		4. Do you permanently reside outside a 70km radius from Hill Top?	Yes ☐ No ☐

Refer to MEMBERSHIP CATEGORIES & DEFINITIONS for clarification

GOLF & BOWLS

☐ Golf & Golf/Bowl \$940	☐ Remote \$480	☐ Golf Senior (over 70) \$765	☐ Golf Intermediate (1) \$480	☐ Golf Intermediate (2) \$730
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GOLF ONLY

☐ Country \$730	☐ 3 Day \$415	☐ Summer \$610	☐ Winter \$510	☐ Cart Registration \$35
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BOWLS ONLY

☐ Bowls Full \$210
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JUNIOR

☐ Junior (with Handicap) \$80

NON-PLAYING

☐ 5-year Social Membership \$20	☐ 1-year Social Membership \$5
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GOLF MEMBERSHIP

Please note, original cards which have been verified by a current holder of an AGU handicap are required when allocating a new handicap.

1. Do you have a current AGU/Golf link number or have had one in the past?

Yes ☐ No ☐
2. Yes, what is it?
3. Where is it held?
4. What is the Exact Name on the Card?
5. Handicap, if known.
6. What Club would you like to use as your Home Club for handicapping? (Please note, you must be a current member of the Club that you are requesting as your Home Club.)

Hill Top ☐ Or Current Club ☐
7. Do You Own a Golf Cart?

Yes ☐ No ☐
8. If yes, is it registered with Club?

Yes ☐ No ☐

PAYMENT METHODS

1. Payment in full:

☐ EFT

☐ EFTPOS

☐ CHEQUE

☐ CASH

* Direct Debit payments will be taken on the 15th of each month and include a \$3.50 per month administration fee. Please obtain a direct debit authority form from either the office or download from our website.

2. Payment by monthly direct debit:

☐ MONTHLY DIRECT DEBIT*

PRIVACY STATEMENT

From time to time, Hill Top Golf and Country Club may send you information about our Club services and/or promotions. We respect your privacy, so please let us know if you do not wish to receive information from us.

Please keep me up to date with what's happening around the club.

Yes ☐ No ☐

DECLARATION

I declare that the information provided by me is true and correct.

CANDIDATE'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Date received:	Amount paid:
Receipt number:	Category:
Balance:	Letter sent:
Membership card:	Bag tag:

