



Attach Photo Here

Hannastown Golf Club Membership Application

Applicant Information

Last Name _____

First Name _____ Date of Birth _____

Cell Phone # _____ Email _____

Home Address:

Street _____ City _____ State _____ Zip _____

Occupation: _____ Place of Employment: _____

Please list all other golfers on the membership:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Type of Membership Selected***: _____

Past Golf Course Affiliations: _____

GHIN # _____

Referred by HGC Member: _____

Name of Sponsor: _____ Signature _____

Name of Sponsor: _____ Signature _____

Applicant's Signature: _____ Date: _____

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Date Received: _____ Amount Received: _____ Date Contacted/Approved: _____

All non-resident memberships must provide a copy of your driver's license