



## AL HAMRA GOLF CLUB MEMBERSHIP APPLICATION

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Company : \_\_\_\_\_

Gender :  Male  Female  HANDICAP (for Classic & Country Applications)

Date of Birth : \_\_\_\_\_

Address :  Home  Business \_\_\_\_\_

P.O. Box : \_\_\_\_\_ City : \_\_\_\_\_

Country : \_\_\_\_\_

Telephone : Home \_\_\_\_\_ Business \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

E-mail : \_\_\_\_\_

Al Hamra Village Property Owner (Please Specify) \_\_\_\_\_ NO

Spouse Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Company : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_  HANDICAP (for Classic & Country Applications)

Address :  Home  Business \_\_\_\_\_

P.O. Box : \_\_\_\_\_ City : \_\_\_\_\_

Country : \_\_\_\_\_

Telephone : Home \_\_\_\_\_ Business \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

### Children's Name (Family Application)

\* Under 16 of age at the time of nomination

Child 1 : Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_

Child 2 : Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_

\* Additional Child nominee will be charged 75% of the Junior Applicable Membership Rate

**MEMBERSHIP CATEGORY (Please Check)**

CLASSIC GOLF	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Junior
COUNTRY GOLF	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Junior
ACADEMY GOLF	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Junior
RECREATIONAL GOLF	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Junior

**CORPORATE ENTERTAINER APPLICATION**

Name of Company : \_\_\_\_\_

Registered Address : \_\_\_\_\_

P.O. Box : \_\_\_\_\_ City : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

**Executive 1**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Gender :  Male  Female  HANDICAP

Date of Birth : \_\_\_\_\_

Telephone : Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail : \_\_\_\_\_

**Executive 2**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Gender :  Male  Female  HANDICAP

Date of Birth : \_\_\_\_\_

Telephone : Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail : \_\_\_\_\_

**ADDITIONAL CORPORATE ENTERTAINER NOMINEE (Optional)**

**Executive 3**

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Gender :  Male  Female  HANDICAP  
Date of Birth : \_\_\_\_\_  
Telephone : Home \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail : \_\_\_\_\_

*I hereby apply for membership of Al Hamra Golf Club and agree to abide by the Club's By-Laws as detailed.*

\_\_\_\_\_  
Signature Date

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*(To be filled up by AHGC representative)*

**DETAILS OF PAYMENT**

Membership Fee : \_\_\_\_\_ Mode of Payment:  
Other Fees :  CASH  
Locker Rental Fee : \_\_\_\_\_  CREDIT CARD Name of Bank \_\_\_\_\_  
Bag Storage Fee : \_\_\_\_\_  Visa  Mastercard  Others \_\_\_\_\_  
EGF FEE : \_\_\_\_\_ Card No.: \_\_\_\_\_ Validity : \_\_\_\_\_  
*(200DHS/per person)*  
TOTAL AMOUNT : \_\_\_\_\_  CHEQUE Name of Bank \_\_\_\_\_  
Cheque No. \_\_\_\_\_ Date of Cheque \_\_\_\_\_

Payment Processed by: \_\_\_\_\_ Verified by: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature Date Accounts Rep. Date

**AL HAMRA GOLF CLUB AND RESORTS**