

MEMBERSHIP APPLICATION FORM

Please complete in BLOCK CAPITALS

SURNAME _____ TITLE _____
FORENAMES _____ DATE OF BIRTH _____
ADDRESS _____

POSTCODE _____
TELEPHONE
HOME _____ BUSINESS _____
MOBILE _____ E-MAIL _____
PROFESSION/OCCUPATION _____

HANDICAP (or Society Handicap) _____
Please attach copy of certificate if available
OTHER GOLF CLUB MEMBERSHIP(S) _____
MEMBERSHIP CATEGORY REQUESTED _____
PROPOSING MEMBER _____
SIGNATURE _____
DATE _____
Office use only
Interview date _____ Time _____ By _____
Interview notes _____

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