

Membership Application Form

Name

Title Forenames
Surname
Date of Birth Occupation

Address

.....
..... Postcode

Telephone

Home Business
Mobile Email

Membership Category Requested

Please enter one of the following: 7 Day, 5 Day, 500+Club, Cadet, Junior, New Associate, Social

Proposing Member *(if available)*
Handicap *(please attach copy of certificate if available)*
Other Golf Club memberships

Signature Date

By applying for membership, the applicant agrees to abide by the Rules of the Club; a copy of which, is available upon request

Office use only

Interview date Time By

Notes
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