



MEMBERSHIP APPLICATION FORM

APPLICATION DATE:

FULL NAME:

ADDRESS:

.....

.....

POST CODE:.....

DATE OF BIRTH:.....

TELEPHONE (Home):.....

(MOBILE):.....

EMAIL:.....

OCCUPATION:.....

OTHER GOLF CLUBS:..... CURRENT H'CAP:.....

GOLF ENGLAND CDH NUMBER:.....

FOR CLUB USE ONLY

Date of joining:.....

Action pending:.....

Membership category:.....

Approved.....

Member Card Number.....

Membership Number

I confirm that I am happy for the Club to store my personal data for the purposes necessary for Membership record keeping, including contacting me by phone, post or email, as required, to keep me informed of Club activities & renewals only – this information will not be sold on to third party organisations and will be destroyed on my ceasing to be a Member of The Club.

Signed.....

Date.....