



MEMBERSHIP APPLICATION

PERSONAL DETAILS

Full Name:

Address:

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Postcode:

Contact Telephone Numbers/Email:

Home: Business:

Mobile:

Email:

Date of Birth:

Have you had an official club handicap in the last 6 months YES NO

If yes please supply your lifetime handicap reference number

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Date Joined:

Membership Category:

Please return two passport size photos with your payment

FOR OFFICE USE ONLY

NET £..... VAT £..... LEVY £.....

LOYALTY £..... TOTAL £.....