Membership Application Form

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Title ..... Name in Full..... .....

Address..... .....

.....Postcode..... .....

Telephone (home)..... (Business) .....(Mobile)…….....

Occupation ..... Date of Birth.....

Full Time Student Particulars ..... E Mail Address……..

* Previous / Present Golf Club (delete as applicable)…….

Handicap ..... Lifetimes I.D Number..... .....

TYPE OF MEMBERSHIP REQUIRED

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Please indicate your choice of Membership

	5 Day	7 Day	
Full Membership	[ ]	[ ]	Annual Subscription [ ] or Monthly Subscription [ ]
Registered Membership		[ ]	
Junior Membership		[ ]	
Student Membership		[ ]	
Social Membership		[ ]	

I apply for membership of the Club and I agree to abide by the Club Rules and the terms and conditions of membership set out therein.

Signature .....

Date .....

* Please note that an application form is required for each individual . *

Membership Application approved Yes / No Captain ..... Company .....

Commencement Date .....