

HESSLE GOLF CLUB



MEMBERSHIP APPLICATION

FULL NAME (Block capitals) _____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE NO. _____ MOBILE NO. _____

EMAIL _____ BUS TEL NO. _____

OCCUPATION _____ DATE OF BIRTH _____

IF AT SCHOOL (School name) _____

ARE YOU A RELATIVE OF A PRESENT MEMBER OF THE CLUB? _____

PRESENT OR PREVIOUS CLUBS _____

DATE WHEN MEMBER. _____ PREVIOUS CLUB HANDICAP. _____ CDH NUMBER. _____

I WISH TO APPLY FOR MEMBERSHIP OF THE HESSLE GOLF CLUB AS FOLLOWS (Please tick):-

- | | | | | | | |
|---------------------------------------|--|--|--|--|--|------------------------------------|
| <input type="checkbox"/> 7 DAY | <input type="checkbox"/> 6 DAY | <input type="checkbox"/> 5 DAY | <input type="checkbox"/> ACADEMY | <input type="checkbox"/> INTRO | <input type="checkbox"/> COUNTRY | <input type="checkbox"/> SOCIAL |
| <input type="checkbox"/> AGE
18/21 | <input type="checkbox"/> AGE
22 | <input type="checkbox"/> AGE
23 | <input type="checkbox"/> AGE
24/25 | <input type="checkbox"/> AGE
26/27 | <input type="checkbox"/> AGE
28/29 | <input type="checkbox"/> AGE
30 |
| <input type="checkbox"/> ACADEMY | <input type="checkbox"/> JUNIOR
(U13) | <input type="checkbox"/> JUNIOR
(13/14) | <input type="checkbox"/> JUNIOR
(15/17) | <input type="checkbox"/> MEMBER
JUNIOR
(U13 N/C) | <input type="checkbox"/> PRO
GOLFER | <input type="checkbox"/> OTHER |

I UNDERTAKE TO BE BOUND BY THE ARTICLES, CONSTITUTION AND BYE LAWS OF HESSLE GOLF CLUB

SIGNATURE OF APPLICANT _____ DATE _____

TO BE COMPLETED BY THE MANAGER WHERE APPLICABLE

APPLICATION NO. _____ PRESENT SUBSCRIPTION. _____ PRESENT ENTRANCE FEE. _____

PREFERRED METHOD OF PAYMENT. _____ INTRODUCED BY. _____