

HEWORTH GOLF CLUB LTD

Membership Application Form

To the Committee:

I, the undersigned, make application to become a (please tick one box)

FULL MALE FULL FEMALE 5 DAY

INTERMEDIATE (18-25YRS) JUNIOR SOCIAL

member of Heworth Golf Club Ltd.

In the event of acceptance, I hereby authorise you to enter my name in the Register of Members.

PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME.....TITLE.....

FORENAMES.....

ADDRESS.....

.....

.....

.....

.....

POST CODE.....

TELEPHONE (home)..... (Mobile).....

DATE OF BIRTH..... AGE.....

E MAIL.....

SIGNATURE..... DATE.....

Signing this form constitutes agreement with references made regarding membership in Heworth Golf Club Ltd, Articles of Association.

Previous/Current Club.....

Reason for leaving.....

Current or last handicap.....

If handicap lapsed when?

Lifetime ID No.....