

HENBURY GOLF CLUB

MEMBERSHIP APPLICATION FORM (Please complete in block capitals)

TYPE OF MEMBERSHIP		DATE APPLIED	/ /
SURNAME		TELEPHONE:	MR / MRS / MS / MISS*
FORENAMES			HOME
ADDRESS		BUSINESS	
		MOBILE	
		E MAIL ADDRESS	
POSTCODE		OCCUPATION	
DATE OF BIRTH	/ /		
PROPOSER NAME		SECONDER NAME	
I have known the applicant personally for _____ years		I have known the applicant personally for _____ years	
PREVIOUS / PRESENT GOLF CLUB(S)			
CURRENT HANDICAP IF APPLICABLE		Please attach certificate or letter from club	
ARE YOU RELATED TO A MEMBER OF HENBURY GOLF CLUB			YES/NO*
IF YES PLEASE GIVE DETAILS			
IF YOU HAVE NO HANDICAP ARE YOU OR HAVE YOU TAKEN LESSONS			YES/NO*
IF YES WITH WHOM			
HOW OFTEN DO YOU PLAY GOLF			
WHAT IS YOUR AVERAGE GROSS SCORE			
ANY OTHER RELEVANT INFORMATION			
SIGNED			Office use only
DATE	/ /	Received	/ /
		Posted	/ /
		Interview	/ /
		Offered	/ /

* Delete as applicable