

# TELFORD GOLF CLUB

## NEW MEMBER - MEMBERSHIP FORM

### APPLICANT DETAILS

CHRISTIAN NAME:

SURNAME:

TICK AS APPROPRIATE

#### ADULT MEMBER

MALE

FEMALE

#### JUNIOR MEMBER

BOY

DATE of BIRTH

GIRL

(Under 18 as at 1st January)

### CONTACT DETAILS

ADDRESS

  
  

POSTCODE

MOBILE No.

HOME No.

EMAIL

### LAST GOLF CLUB DETAILS

(If applicable)

GOLF CLUB:

ADDRESS:

  
  
  
  
  

Membership

FROM:

CDH NUMBER

TILL:

LAST / CURRENT

HANDICAP

SIGN & DATE

IF POSSIBLE PLEASE SUPPLY HANDICAP CERTIFICATE FROM LAST GOLF CLUB.

Please confirm you agree for your details to be used for contact purposes in the secure members area on the Club Web Site.

YES

NO

Please tick appropriate box above

WHEN COMPLETED HAND IN TO THE GOLF SHOP ALONG WITH YOUR LEVY PAYMENT.