APPLICATION FOR FULL MEMBERSHIP

MANAGING DIRECTOR – BEN TOWNSEND

SURNAME ..... TITLE.....(BLOCK LETTERS PLEASE)

FORENAME (S) ....

ADDRESS..... .....

..... POSTCODE.....

HOME TELEPHONE NO ..... MOBILE .....

DATE OF BIRTH ..... OCCUPATION.....

EMPLOYER ....

E-MAIL.....

LITTLE OR NO GOLF EXPERIENCE

I have had little or no golf experience ❒ I have not been a member of another golf club ❒

I have played golf for ..... Years ..... Months

PREVIOUS MEMBERSHIP OF OTHER GOLF CLUBS

Club ..... Dates of membership.....

Will Halesworth be your home club? Yes ❒ No ❒ If **No** who is your current home club .....

Do you have a current handicap? Yes ❒ No ❒ What is your CDH/Union Number…… .....
(this is required before you can play in any competition)

PROPOSER, FULL NAME ..... SIGNATURE.....

SECONDER, FULL NAME ..... SIGNATURE.....
(Proposers and Seconders must be Members of Halesworth Golf Ltd)

I do not know any Halesworth Golf Club Member ❒

APPLICANTS SIGNATURE ..... DATE .....

PAYMENT DETAILS

I would like to pay my subscription in full by: Cash ❒ Debit/Credit Card ❒

Or by Direct Debit over 12 Months ❒ (initial payment required by cash or debit/credit card on application)