



# HESSLE GOLF CLUB

# MEMBERSHIP APPLICATION

FULL NAME (Block capitals) \_\_\_\_\_

ADDRESS (Block capitals) \_\_\_\_\_

\_\_\_\_\_ 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"/> STUDENT   | <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 \_\_\_\_\_

