



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 HESSLE GOLF CLUB AS FOLLOWS (Please tick):-

- | | | | | | |
|--|--|---|---|--|--|
| <input type="checkbox"/> 7 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
19/21 | <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) | <input type="checkbox"/> JUNIOR
(14/15) | <input type="checkbox"/> JUNIOR
(16/18) |
| <input type="checkbox"/> JUNIOR
(U13 N/C) | <input type="checkbox"/> PRO
GOLFER | <input type="checkbox"/> PRO DRIVING
RANGE | <input type="checkbox"/> DRIVING
RANGE | <input type="checkbox"/> LADIES
9 HOLE | |

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 _____

