



WAREHAM GOLF CLUB
Sandford Road, Wareham, Dorset BH20 4DH

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ISSUED TO..... FORM

APPLICATION FOR MEMBERSHIP – 15 Months for the price of 12

FULL / COLT / JUNIOR / COUNTRY

NAME IN FULL.....MR/MRS/MISS

ADDRESS.....

.....POSTCODE.....

EMAIL ADDRESS.....

TELEPHONE NO. HOME.....

MOBILE.....

OFFICE.....

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

CURRENT CLUB (if any).....HANDICAP.....

CDH NUMBER (if known).....

IF ELECTED, WILL YOU WISH TO NOMINATE WAREHAM GOLF CLUB AS YOUR HOME CLUB? YES/NO

SIGNATURE OF APPLICANT.....DATE.....

If you have been recommended for membership by a current Wareham Golf Club Member, please ask them to complete their details below. If not, please leave this section blank.

Member Name _____ Signature _____

THE COMMITTEE RESERVES THE RIGHT TO REFUSE MEMBERSHIP TO ANY PERSON AND WILL PROVIDE DETAILS OF THEIR DECISION TO THE APPLICANT CONCERNED.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED.....DATE APPLICANT INTERVIEWED.....

COMMITTEE DECISION.....SIGNED.....
COMMITTEE MEMBER

DATA. CARD JOINING FEE..... SUBSCRIPTION.....

MEMBERSHIP NO. ALLOCATED.....