

STOURBRIDGE GOLF CLUB

Membership Application Form



PLEASE COMPLETE IN BLOCK CAPITALS

Full Name

Address

Telephone

Mobile

Work

e-mail

Post Code

Marital Status

Date of Birth

Occupation

Membership of other Golf Clubs

Handicap

CDH Number

Category of Membership

Platinum	(✓)	Intermediate I (18-21)	(✓)
Gold	(✓)	Intermediate II (22-25)	(✓)
Flexible Points	(✓)	Intermediate III (26-30)	(✓)
Flexible Points (75+)	(✓)	Intermediate IV (31-35)	(✓)
Social	(✓)	Junior	(✓)
		Student Concession	(✓)

I hereby apply to become member of THE STOURBRIDGE GOLF CLUB LIMITED ("the Club"). If duly accepted, I hereby agree to be bound by the Memorandum & Articles of Association and Bye-laws of the Club from time to time in force. I acknowledge that a copy of the Memorandum & Articles of Association and Bye-laws of the Club are available from the Secretary's Office.

Signature

Date

Tel 01384 395566
e-mail secretary@stourbridgegolfclub.co.uk
Web www.stourbridgegolfclub.co.uk

Member Referral
Name of existing Member: