



DRIFFIELD GOLF CLUB
Yorkshire's Finest Parkland Course

MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK CAPITALS TO COMPLETE YOUR APPLICATION)

SURNAME	
FIRST NAMES	
ADDRESS	
POST CODE	
HOME TELEPHONE	
MOBILE PHONE	
EMAIL ADDRESS	
DATE OF BIRTH	
PREVIOUS CLUBS (IF APPLICABLE)	
CURRENT HANDICAP (IF APPLICABLE)	

MEMBERSHIP CATEGORY REQUIRED (Please Tick Box)					
FULL PLAYING	FIVE DAY	4 Day (CASC)*	COUNTRY	INTERMEDIATE 18-21	
JUNIOR	SOCIAL	LOW USE	PRACTICE GROUND	INTERMEDIATE 22-23	
HOW DID YOU HEAR ABOUT THE CLUB? (Please Tick all Boxes that Apply)					
Newspaper/Magazine	From Friend	Website	Phone Directory	Leaflet	Member Before

APPLICANT'S SIGNATURE	PRINT NAME

* Subject to meeting the criteria and approval by the Secretary.

For Golf Club Use Only Application Received..... Deposit Paid..... Membership Date.....