

# Pinner Hill Golf Club



## Membership Application Form

Title ..... Forenames .....

Surname .....

Date of Birth ..... Occupation .....

Address: .....

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Postcode .....

### Telephone

Home ..... Business .....

Mobile ..... Email .....

Membership Category Requested .....

Please enter one of the following: 7 Day, 6 Day, 5 Day, Lifestyle (500+Club), Cadet, Junior, New Associate, Social

Members names and telephone numbers are published in the Club diary and in the secure section of the Pinner Hill website. We will soon be adding email addresses. Please indicate approval to include your telephone and email contact details for the convenience of Pinner Hill club members and communication by the office and Section secretaries

I approve the inclusion of my contact details Yes I do not approve the inclusion of my contact details No

Proposing Member (*if available*) .....

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Handicap (*please attach copy of certificate if available*)

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Other Golf Club memberships .....

Signature ..... Date .....

By applying for membership, the applicant agrees to abide by the Rules of the Club; a copy of which, is available upon request

### Office use only

Interview Date:.....

By.....

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Notes .....

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Rev:10.01.18

Please send to: Clair Lawton, Administrations Manager  
Pinner Hill Golf Club, South View Road, Pinner Hill, Middx HA5 3YA  
Tel: 020 8866 0963 email: phgc@pinnerhillgc.com