



Membership Application Form

Ware Street
Bearsted
Kent
ME14 4PQ
Tel: 01622 738198

I wish to apply for:

- 7 Day Membership
- 5 Day Membership
- Intermediate Membership
- Junior Membership
- Family Membership
- Other

Applicant

Surname:

Title:

Forenames:

Date of Birth:

Address:
House No/Name:
Street:
Town 1:
Town 2:
County:
Post Code:

Home Phone:

Mobile No:

Business No:

Email:

Occupation:

Handicap Information

Previous Club (s)

Handicap: Competition/ Non-Competition

CDH Number:

Currently a member of another club? Yes/No

Club:

I confirm that the details I have given are correct and that I agree to abide by the Rules and Terms and Conditions of Bearsted Golf Club

Signature of Applicant:

Date:

Proposer:

Signature:

Seconder:

Signature: