

STOURBRIDGE GOLF CLUB

Membership Application Form



PLEASE COMPLETE IN BLOCK CAPITALS

Full Name	
Address ----- ----- ----- ----- -----	Telephone ----- Mobile ----- Work ----- e-mail -----
Post Code	Date of Birth
Marital Status	Membership of other Golf Clubs
Occupation	CDH Number
Handicap	

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
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Tel 01384 395566 e-mail secretary@stourbridgegolfclub.co.uk Web www.stourbridgegolfclub.co.uk	Member Referral Name of existing Member: -----
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