



Hon. Secretary: K. I. Taylor

Druids Heath Golf Club Ltd

Stonnall Road • Aldridge • Walsall • WS9 8JZ

Tel: 01922 455595 • Fax: 01922 452887

Website: www.druidsheathgc.co.uk Email: admin@druidsheathgc.co.uk

APPLICATION FOR MEMBERSHIP

I, Mr./Mrs/Miss/Mst hereby apply to become a

- | | |
|--|--|
| <input type="checkbox"/> Full Playing Member (7 Day) | <input type="checkbox"/> Country Member |
| <input type="checkbox"/> Off Peak Member (6 Day) | <input type="checkbox"/> House Member |
| <input type="checkbox"/> Restricted Member (5 day) | <input type="checkbox"/> House Members (Joint) |
| <input type="checkbox"/> Junior Member | |

member, and if elected undertake to be bound by the Club Rules and any Bye-Laws made or to be made in accordance herewith.

Address

..... Post Code

Tel Home Tel Office

Mobile Email

Date of Birth Occupation

Are you/have you been a member of any other club? Yes / No*

Please outline your golfing history on the reverse of this form.

Name of Club Handicap

If you are invited to attend an interview you are required to bring with you your current handicap certificate.

Sponsored by: Seconded by:

Sign Sign

Print Print

Signature of applicant

Applications for membership of Druids Heath Golf Club must be posted in the Clubhouse for 14 days prior to any interview being granted.

OFFICE USE ONLY

Comments

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Signed - Chairman of Membership