

Chorleywood Golf Club Ltd

Membership Application Form




All Correspondence to:

The Secretary, Chorleywood Golf Club Ltd., Common Road, Chorleywood WD3 5LN

Tel: 01923 282009 Fax: 01923 286739 Email: secretary@chorleywoodgolfclub.co.uk

Note to Applicants: Our membership application process is very informal. It is not necessary that your application is sponsored by a member. We may however assign a 'buddy' to help you integrate into the Club.

PERSONAL DETAILS

Full Name:		Title:
Address:		
	Postcode:	
	 Home	
	 Mobile	
	 email	
	Date of Birth	
Business or Occupation:		

GOLF EXPERIENCE

If you are or have been a member of a golf club, please give the name of the club(s), duration of membership and handicap. Otherwise please describe your golf experience.

YOUR APPLICATION

Membership Category Applied For (please tick). Definitions can be seen on our website.

Full Playing Intermediate Young Junior Academy

Your Signature:

Date of Application:

Note: Until the Committee has approved this application, Green Fees must be paid and recorded in the registration book. Upon election, applicants are bound by the Rules of the Club

SPONSOR DETAILS

I have known the applicant for _____ years and recommend election.	Signed:
	Name:
	Date:

FOR SECRETARY'S USE ONLY

Date Elected:	
Name of Buddy Allocated:	