

ADD RANGE MEMBERSHIP Please tick
--

Golf Membership Application

I wish to apply for (please circle the applicable membership type below):

7 DAY	5 DAY	7 DAY JOINT	FAMILY	INTERMEDIATE	JUNIOR	COUNTRY	ASSOCIATE	SOCIAL
-------	-------	----------------	--------	--------------	--------	---------	-----------	--------

Title:	Initials:	Date of Birth:
First Name:		Last Name:
Address:		
		Postcode:
Email:		
Telephone Home:		
Telephone Work:		
Mobile:		
Previous Golf Clubs (if any):		
Length of Time Playing Golf:		Employed or Retired:
Have you taken any Lessons? If yes, please state when and where		
Official Handicap:		Society Handicap:
Signature of Applicant:		Date:

Please complete and return to:

The General Manager Bishopswood Golf Ltd, Bishopswood Lane, Tadley, Hants, RG26 4AT

