



EASINGWOLD GOLF CLUB



APPLICATION FOR MEMBERSHIP

Please complete in **BLOCK CAPITALS** and return with your payment to:
Pro Shop, Easingwold Golf Club, Stillington Road, Easingwold, York, YO61 3ET.

I wish to become a.....member of Easingwold Golf Club. I agree to pay the appropriate fees promptly when requested and to be bound by the rules of the Club.

(Membership Types: Full, Age 90+, New Beginners, Junior, Intermediate, Flexible, Country - Full, Country - Partial, Overseas, Winter, Driving Range, Social)

Full Name		
Home Address		
	Post Code:	
Email		
Telephone	Home:	Mobile:
Date of Birth		
Occupation		
Membership of other Golf Clubs (with dates)		
Previous Handicap Held (attach certificate or enter previous CDH Lifetime ID)	Club:	
	Date:	CDH No:
Have you been an Officer of another Golf Club? (please give details)		
Reason for choosing Easingwold Golf Club		
Introduced by Member	YES/NO (delete as necessary)	
	State Name:	
Any other relevant information?		
SIGNATURE:	DATE:	