



Little Lakes Golf Club

Membership Application Form

Name (Mr./Mrs./Ms./Miss.)					
Address					
Mem No. BRS No. Disk Issued Photo y/n Locker No. (For Club Use Only)					
		Post Code			
		Date of Birth			
Telephone Home		Telephone Work		Telephone Mobile	
e-mail address					

Membership Category (please indicate)			
7-Day		Combined 7 day	
5 day		Combined 5 day	
Bronze		New2Golf	
8 Month, 7-Day		8 Month, Combined 7 day	
8 Month, 5 day		8 Month, Combined 5 day	
Intermediate		Adult (22-25)	
Adult (26-30)			
Junior (U-12)		Junior (12-17)	
Parent or Guardian's Name			
If Parent/Guardian Address is not as shown above, please add correct address to reverse.			
If you do not wish for your tel. number to be available to other Members please tick here			
If you do not wish for your results to be published to our Website please tick here			

How Did you Hear about Us?						
Club Website	Facebook/Twitter	Local Press	Mail shot	Friend	Golf Society	Other

Signature of Applicant		Date	
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