



# Helsby Golf Club

Towers Lane, Helsby, Cheshire WA6 0JB Tel: 01928 722021 secretary@helsbygolfclub.org www.helsbygolfclub.org

## Membership Application

Type of membership:

FULL  COUNTRY  YOUNGER  JUNIOR  STUDENT  SOCIAL  5 DAY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

HOME TEL \_\_\_\_\_

MOBILE \_\_\_\_\_

BUSINESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

D.O.B. \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY/SCHOOL \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF A GOLF CLUB/SOCIETY

IF SO PLEASE STATE WHERE, CATEGORY, HOW LONG A MEMBER AND ANY OFFICES HELD

PRESENT HANDICAP \_\_\_\_\_ LOWEST HANDICAP \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Referees: If possible please give name and address of 2 referees to support your application

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_

TEL \_\_\_\_\_ TEL \_\_\_\_\_

If your application is successful, it is a club rule that all playing members carry third party liability insurance. The management shall not be obliged to enter into discussions appertaining to any aspect of this application.

