

**THE HALIFAX WEST END GOLF CLUB LTD**  
 The Racecourse, Paddock Lane, Highroad Well, Halifax HX2 0NT



**MEMBERSHIP APPLICATION FORM**  
 PLEASE COMPLETE BELOW IN CAPITALS AND RETURN

**Full Name:** .....

**Address:** .....

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**Postcode:** .....

**Home Tel No:** .....

**Work Tel No:** .....

**Mobile No:** .....

**Email Address:** .....

**Date of Birth:** .....

**Occupation:** .....

**Previous/Present Club:** .....

**CDH Number**.....

**Signature:** .....

**Date:** .....

**Member Referral:**.....

**I wish to apply for membership of the club in the following category:**

Full Playing		Intermediate		5 Day		6 Day	
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Junior		Country		Lifestyle		Social	
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**Office Use Only**

Code		Handicap		Approved		Invoiced		Payment Method		Referee	
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**PRO-SHOP**