



COPTHORNE
GOLF CLUB

Application for Membership

FULL 5 DAY JUNIOR INTERMEDIATE SOCIAL AFTERNOON FLEXIBLE COUNTRY

Please complete in Block Capitals:

Mr / Mrs / Miss		Surname:	
First Name:			
Address:			
Tel No:			
Email Address:			
Occupation:		DOB:	

Previous Clubs:		From:	To:
Handicap:		CDH Number:	

If you are not currently a member of a club please give an indication of your golfing experience and ability:

Print Name:	
Signed:	
Date:	

Introduced By: (members name)	
--	--

For Secretary's Use
Date posted in Club: