

EVESHAM GOLF CLUB

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APPLICATION FOR MEMBERSHIP

Please tick or circle category you wish to join

FULL	7 day	5 day	Age 31-39	Age 26-30	Age 21-25
INTRODUCTORY	3 month		6 month		
SUMMER					
WINTER					
EXECUTIVE					
EXECUTIVE LITE					
FLEXIBLE					
COUNTRY					
JUNIOR	Age 17-20	Age 12-16	Under 12		
FACILITY					
SOCIAL					

FULL NAME MR/MRS/MS _____

DATE OF BIRTH _____

ADDRESS _____

POST CODE _____

TELEPHONE HOME _____ MOBILE _____

EMAIL _____

PREVIOUS GOLF CLUB _____

HANDICAP _____ CDH LIFETIME ID _____

PROPOSER _____

SECONDER _____

By signing this form I hereby confirm that I will accept the clubs decision regarding my application for membership. If admitted I shall comply with the Club Constitution and Bye Laws

APPLICANT'S SIGNATURE _____ DATE _____

WHAT ATTRACTED YOU TO EVESHAM GOLF CLUB?

WEB SITE_____ FACEBOOK_____ TWITTER_____ LOCAL COURSE_____

FRIEND_____ RECOMMENDATION_____ VISITED/PLAYED PREVIOUSLY_____

OTHER_____

OFFICE USE ONLY

Membership Approved:	
Invoice No:	
Welcome Meet:	
Swipe Card No:	
Membership Pack issued:	
Locker:	
Trolley Shed:	
Additional Info:	