



CREWE GOLF CLUB

Fields Road, Haslington, Crewe, Cheshire. CW1 5TB
Tel: (01270) 584099 Fax: (01270) 256482
www.crewegolfclub.co.uk secretary@crewegolfclub.co.uk

I wish to become a Member of the Company and hereby agree, if selected, to be bound by the Articles of Association, Rules and By-laws of the Company.

Categories of Membership: Full **Country** **Amenity**

Social **Junior**

Please indicate which category you wish to apply for

FULL NAMETITLE (Mr/Mrs/Ms/Miss).....

ADDRESS

.....POST CODE.....

EMAIL ADDRESS

TEL. NO. HOME..... TEL. NO. MOBILE.....

+ I am/was a member ofGolf Club (Handicap.....)
or other form of Members Club..... (CDH No

+ I am/am not a relative of a member (If so, state relationship).....

+ I have/have not played golf previously (If so, state where)

DATE OF BIRTH

Emergency Contact Name Tel:.....

I give permission for you to display my name on the club's notice board for a period of at least seven days.

SIGNATURE DATE

SPONSORS

PROPOSERS NAME* SIGNATURE

SECONDRS NAME *SIGNATURE

*The application must be supported by a Proposer and Seconder, who must have been Full Members of the Club for a least one Year.