



# Little Lakes Golf Club

## Membership Application Form

Title		First Name		Surname	
Address					
		Post Code			
Email					
Date of Birth					
Home Phone					
Mobile Phone					

### Please indicate your chosen Membership Category

7 Day	<input type="checkbox"/>
5 Day	<input type="checkbox"/>
Bronze	<input type="checkbox"/>
Under 30	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Parent/Guardian Name	
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If you do not wish for your telephone number to be made available to other members, please tick here	<input type="checkbox"/>
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If you do not wish for your results to be published on our website or social media, please tick here	<input type="checkbox"/>
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Member Signature		
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### For Club Use Only

Mem No:		BRS No:		Card no:	
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