

Application Form

Full Name:					(Mr/Mrs/Ms	/Master/Other)		
Address:								
Post Code:								
Date of Birth:			St	Student/Occupation:				
Membership Cate	gory (Plea	se Tick)						
7 Day		5 Day	,					
Intermedia	te 18 – 21	Interm	nediate 22 – 25		Intermed	diate 26 – 29		
Junior 8 -	12	Junio	· 13 - 17	$\overline{\Box}$	18 – 22 Full T	ime Education	$\overline{\sqcap}$	
Flexible		Count	ry		Social /	Driving Range		
Current/ Previous	golf club (if	any)						
Present Handicap			CDH Num	nber				
How did you hear	about our m	nembership?						
telephone, email or SN 'I am happy for you to tick the relevant box(e	communicate	with me regarding additio	nal club activities vi	a the follo	owing means' Ple	ase fill in the inforr	nation an	
Post: Add	dress as abo	ove						
Email:			•••••					
Telephone:								
Mobile:								
	purposes of a	sked to share some of your ranging competitions or					or	
information please wri	te to the Data (ase visit http://bramptonp Controller, Richard Beadlership application be successive.	es.				her	
'l confirm l am over th	ne age of 16 ar	nd have read, understood ardian must sign this fo	I and agree with the	way my	•		Golf Club	
-		n) Delete as appropri	-					
			Print Name	:				
Office use only:								
Amount: £		Payment Method:		Date:		Card no:		