



**DRIFFIELD GOLF CLUB**  
Yorkshire's Finest Parkland Course



**MEMBERSHIP APPLICATION FORM**  
(PLEASE USE BLOCK CAPITALS TO COMPLETE YOUR APPLICATION)

SURNAME	
FIRST NAMES	
ADDRESS	
POST CODE	
HOME TELEPHONE	
MOBILE PHONE	
EMAIL ADDRESS	
DATE OF BIRTH	
PREVIOUS CLUBS (IF APPLICABLE)	
CURRENT HANDICAP (IF APPLICABLE)	
CDH Number (IF APPLICABLE)	

MEMBERSHIP CATEGORY REQUIRED (Please Tick Box)					
FULL PLAYING	FIVE DAY	4 Day (CASC)*	COUNTRY	INTERMEDIATE 18-21	INTERMEDIATE 25-45
JUNIOR	SOCIAL £12.50 per person	LOW USE	PRACTICE GROUND	INTERMEDIATE 22-24	ACADEMY

I APPLY TO BECOME A MEMBER OF DRIFFIELD GOLF CLUB AND HEREBY CONSENT TO MY APPLICATION BEING DISPLAYED IN THE CLUBHOUSE IN ACCORDANCE WITH THE RULES OF THE CLUB

**Dress Requirements**

Members, Guests and Visitors are expected to dress, at all times, in an acceptable standard of clothing associated with the game of golf and in keeping with golf's traditional standards. Regrettably you will be refused access to the Course and / or Clubhouse if you are not suitably attired.

By signing this application form you agree to Driffield Golf Club holding this information on its IT records system during the time that you are a member. You are free to review this data at any time and amend it as required. On leaving the club, your records will be retained for one year in dormant status and then deleted.

APPLICANT'S SIGNATURE	PRINT NAME
SECRETARY'S SIGNATURE *	PRINT NAME
TREASURER'S SIGNATURE*	PRINT NAME

\* Subject to meeting the criteria and approval by the Secretary.