

SHOTTS GOLF CLUB

MEMBERSHIP APPLICATION FORM

This form should be submitted to the Club Secretary, and membership will begin on payment of the appropriate fees. Please complete in block capitals.

MEMBERSHIP CATEGORY

FULL NAME
(including middle
names)

FULL ADDRESS

POST CODE:

HOME PHONE NO.

MOBILE PHONE NO.

E-MAIL ADDRESS

DATE OF BIRTH

AGE

OCCUPATION

CURRENT/PREVIOUS GOLF
CLUB (if applicable)

IS SHOTTS TO BE YOUR HOME CLUB?

YES / NO

CURRENT HANDICAP

CDH NUMBER (if applicable)

APPLICANT'S
SIGNATURE

DATE

DATA PROTECTION: Permission is given for Personal
Data to be shared within Club (tick as appropriate):

YES

NO

OFFICE USE:

PAYMENT/DATE RECEIVED:

DATE ENTERED ONTO CLUBV1:

SWIPE CARD NO:

REMARKS: