



Founded 1907

APPLICATION FOR MEMBERSHIP

I would like to apply for membership of Thorpe Hall Golf Club
 Membership of the club is an annual commitment from 1st July to 30th June.

CATEGORY REQUIRED	HANDICAP
Example (7 Day Full)	(If Applicable)

I agree to abide by the Rules and Regulations of the Company, the Club and golf in general. I acknowledge that membership of the club is an annual commitment from 1st July to 30th June.

Full Name, in BLOCK Letters		
Full Address		
Post Code		
Email Address		
Telephone Number - Home		
Telephone Number - Mobile		
Age - Date of Birth		
Occupation		
Present or Previous Golf Club		CDH No.
SIGNATURE and date		

Applicants who cannot secure a proposer may still apply but should provide any documentation they have to support their character and playing ability.

Proposed and Seconded	Signature	Name
* Proposer		
* Seconder		

** Your application must be accompanied by letters from the proposer and seconder stating the extent of their knowledge of the applicant and any other information that they regard as relevant.*

By completing this form, you agree that Thorpe Hall Golf Club may send you emails relating to golf club activities, and publish your details (name, telephone number and email address) in our members diary and on our club website. Our club website is password protected.

For Secretary's Office Use:-

Date App Received		Date Letters Received	[P] _____
Date H/Cert. Received		Date App Displayed	[S] _____
Date Interviewed		Interview Decision	Accepted / Declined
EPOS Card Issued		Invoice Emailed	