



# Membership Application Form

I wish to apply for:

7 Day Membership

5 Day Membership

Intermediate Membership

Junior Membership

Other

Ware Street

Bearthsted

Kent

ME14 4PQ

Tel: 01622 738198

## Applicant

Surname:

Title:

Forenames:

Date of Birth:

### Address:

House No/Name: .....

Street: .....

Town 1: .....

Town 2: .....

County: .....

Post Code: .....

Home Phone:

Mobile No:

Business No:

Email:

Occupation:

## Handicap Information

Previous Club (s)

Handicap:                      Competition/ Non-Competition

CDH Number:

Currently a member of another club?  
Yes/No

Club:

**I confirm that the details I have given are correct and that I agree to abide by the Rules and Terms and Conditions of Bearsted Golf Club**

Signature of Applicant:

Date:

Proposer:

Signature:

Secunder:

Signature: