



ROYAL CROMER GOLF CLUB

CANDIDATE FOR MEMBERSHIP

CLASS OF MEMBERSHIP: _____

Name: _____

Mr/Mrs/Ms/Miss (Please delete)

Address: _____

Telephone: _____ Mobile: _____

Email address: _____

Date of Birth: _____

Signature: _____

Date of Proposal: _____

EXISTING HANDICAP (if any): _____

Present Club: _____

I confirm that I am happy to receive emails from RCGC regarding;

Club Events

3rd Party Marketing