

# MEMBERSHIP APPLICATION FORM

Mr/Mrs/Miss/Dr/Other \_\_\_\_\_

Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Membership Category:  7-day 31+     Country     Junior  
 Intermediate (26-30 inclusive)     Intermediate (21-25 inclusive)  
 Armed Forces     Social     Corporate     Practice Facility

Your Golf:

Preferred Days to Play:  Mon  Tue  Wed  Thur  Fri  Sat  Sun  Weekdays  Weekends  No preference  
 Not Applicable

Preferred times to Play:  Mornings  Afternoons  Evenings  Anytime

Would you require coaching:  1:1     Group     Not Applicable

Golfing Frequency:  Once a week  2-3 times a week  >3 times a week  Once a fortnight  Once a month  
 Not Applicable

Bar Use:  Frequently  Sometimes  Never    Social Events:  Frequently  Sometimes  Never

Previous Clubs \_\_\_\_\_ Handicap \_\_\_\_\_

CDH ID \_\_\_\_\_

A letter of recommendation from your previous Club is always appreciated, particularly if you don't know of a proposer or seconder from Blankney Golf Club. Also please provide up-to-date handicap details.  
If my application is accepted, I agree to abide by the Rules of Blankney Golf Club.

Proposer (*please print*) \_\_\_\_\_ Signed \_\_\_\_\_

Seconder (*please print*) \_\_\_\_\_ Signed \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_