



West Hove Golf Club

Membership Application Form

Please use block capitals: Mr / Mrs / Ms / Miss / Master

Surname: First name:

Address:

Postcode: Car Reg. No:

Home Tel No: Mobile Tel No:

Work Tel No: Email Address:

Date of Birth: Occupation:

Type of Membership requested: (Please tick box)

- 7 - Day
 5 - Day
 Social
 Academy
 Junior (10 – 13)
 Junior (14 – 17)
 Intermediate (18 – 22)
 Education (18-22)

Golf Experience

Current Handicap: Previous Club(s):

We, the undersigned, consider the above candidate to be suitable for Membership of this Club.

PROPOSER: **SECONDER:**

DECLARATION: I, the above named, agree if elected to membership of West Hove Golf Club, to abide by the Rules and Bye Laws of the Club.

Signed: Date:

In the case of Junior applications – Signature of Parent/Guardian:

Notes:

For Office use:

Copy to M&H / Ladies

Share

Invoice Raised

Card Issued