



ST AUSTELL GOLF CLUB

MEMBERSHIP

FULL NAME:

ADDRESS:

POST CODE:

EMAIL:

OCCUPATION: D.O.B:

PHONE: (H) (M):

- CLASS OF MEMBERSHIP -

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> FULL PLAYING | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> COUNTY/COUNTRY | <input type="checkbox"/> JUNIOR/JUV |
| <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> SOCIAL |

HANDICAP: PREV CLUB:

C.D.H. NO:

APPLICATION DATE:

PROPOSED BY:

I hereby apply for membership and if elected, agree to abide by the rules of the club

.....
SIGNATURE OF NOMINEE

.....
SIGNATURE OF CLUB SECRETARY

SECRETARY: 01726 74756
OFFICE: 01726 72649

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