



# 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 (9 – 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

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