



CHURCHILL & BLAKEDOWN GOLF CLUB

APPLICATION FOR MEMBERSHIP

SURNAME.....

TITLE

FIRST NAME(S)

DATE OF BIRTH.....

ADDRESS (Private)

OCCUPATION.....

.....

TELEPHONE: -

.....

HOME

.....

BUSINESS.....

.....

MOBILE.....

POST CODE

E MAIL.....

MEMBERSHIP REQUIRED

(Full Playing, Intermediate, Restricted Intermediate, Trial, Premier Trial, Junior, Social)

PREVIOUS CLUB (If any)

PERIOD OF MEMBERSHIP

OFFICE HELD (If any)

HANDICAP

DECLARATION

If elected, I agree to be bound by the Rules and Bye-Laws of the Club

SIGNATURE

DATE

SPONSORS

(Please speak to the Secretary if you require sponsors)

We the undersigned, being Full Members of Churchill & Blakedown Golf Club for more than three years, do from our personal knowledge, recommend to the Committee the above named candidate. We undertake to familiarise the applicant with the Club Rules and Golf Etiquette.

PROPOSED BY:

SECONDED BY:

NAME

NAME

SIGNATURE

SIGNATURE

OTHER MEMBERS OF THE CLUB KNOWN TO THE APPLICANT: -

.....

PLEASE RETURN FORM TO: -

THE HONORARY SECRETARY

CHURCHILL & BLAKEDOWN GOLF CLUB, CHURCHILL LANE, BLAKEDOWN, KIDDERMINSTER, WORCS, DY10 3NB.

TELEPHONE (CLUB OFFICE) 01562 700018