

THE KNARESBOROUGH GOLF CLUB

APPLICATION FOR MEMBERSHIP

PLEASE CIRCLE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING:

Mens - Ladies

7-Day - 6-DAY - 5-DAY - Flexible - Junior - 16/17 - 18-23 - 24-27 - 28-39 - Over 80

Other Categories: Monday Only - Winter Taster (Seasonal)

PERSONAL DETAILS (BLOCK LETTERS PLEASE)

Mr/Mrs/Miss/Other (First Names).....(Surname)

Address

Town Post code

Tel No (home)..... (Work/mobile)

E-Mail address..... Date of Birth

Current Occupation or School/College attending.....

MEMBERSHIP OF OTHER GOLF CLUBS

Name of current or last club..... Period of Membership

Current (or last) Handicap - Lifetime ID no. -

RELEVANT INFORMATION

Please inform the Club as to whether you currently suffer from any relevant medical conditions that we may need to be aware of, or require any medication that a first aider may need to be aware of (eg do you require an EpiPen, wear a pacemaker, etc):

JUNIOR MEMBERSHIP ONLY

I, the parent/guardian of hereby give my consent for Knaresborough Golf Club to use images and photographs of said junior member as appropriate and required.

I also consent to said junior member receiving such first aid treatment as may be necessary at any given time.

Signed - Name -

I hereby apply to become a member of Knaresborough Golf Club and I agree to be bound by the Rules of the Club.

Signature of Applicant Date

NO fees or deposit are required at this stage

OFFICE USE ONLY:

Date logged:

Website login:

Introduction letter sent:

Pack issued:

Membership card no:

Password: kgc_

Invoice number: