

**HENNERTON GOLF CLUB
MEMBERSHIP APPLICATION FORM**

Title: _____ Surname: _____ First name: _____
Address: _____ Date of Birth: _____
_____ Home tel: _____
_____ Work tel: _____
Post code: _____ Mobile: _____
email: _____
Company: _____ Occupation: _____

CATEGORY OF MEMBERSHIP:

- | | | |
|---|--|---|
| <input type="checkbox"/> 7 Day Single | <input type="checkbox"/> 7 Day Partner (5% discount) | <input type="checkbox"/> Social |
| <input type="checkbox"/> 5 Day Single | <input type="checkbox"/> 5 Day Partner (5% discount) | <input type="checkbox"/> 3-month Trial |
| <input type="checkbox"/> Intermediate (23-30 years) | <input type="checkbox"/> Student (17-22 years) | <input type="checkbox"/> Junior (10-16 years) |

JOINT MEMBERSHIP APPLICATION:

(Partner discounts are only valid for those living at the same address)

Full Name of Partner: _____ Date of Birth: _____
Contact tel work : _____ mobile: _____
Email: _____
Company: _____ Occupation: _____

DETAILS OF OTHER GOLF CLUB MEMBERSHIP:

Name of club(s): _____ Current Handicap: _____
If applicable, please enclose handicap certificate.

If you have been introduced to Hennerton Golf Club by a member, please state by whom:

Introduced by: _____

If not, we would be grateful to know how you heard of us:

Advert (which publication?) _____ Local to area? Internet?

Other, please state: _____

Declaration

I accept the decision of the management in respect of this application, is final.
I agree to abide by the rules and bylaws of the club.

Signature: _____ Date: _____
Application for Junior membership must be signed by parent/guardian.