



Southampton Road
Lyndhurst
Hampshire
SO43 7BU

MEMBERSHIP APPLICATION FORM

Title

Forenames

Surname

Address

.....

..... Post Code

Home Tel No Mobile/Work Tel No.

E-mail Address

Date of Birth

I agree that my contact details can be shared with other club members yes no

Name of present or previous Golf Clubs

Current Handicap CDH number

Membership required 7 day 5 day Joint Twilight Country

Intermediate (under 30 yrs) Student (17-22 yrs)

Junior (12-16 yrs) Junior (under 11 yrs)

Signature of Applicant Date