



FOREST OF GALTRES GOLF CLUB



Skelton Lane, Wigginton, York. YO32 2RF Tel: 01904-766198
www.forestofgaltres.co.uk • secretary@forestofgaltres.co.uk

APPLICATION FOR MEMBERSHIP

Please complete this form in **BLOCK CAPITALS** and return it to the Forest of Galtres Golf Club at the address above - Thank You

TITLE: _____ SURNAME: _____

FIRST NAMES: _____

ADDRESS _____

POST CODE: _____ AGE: _____

EMAIL: _____

TELEPHONE: _____ DATE OF BIRTH: _____

OCCUPATION: _____

How did you hear about us?.....

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Have you ever played golf before? YES NO

Are you currently a member of another Golf Club? YES NO

If so, which one(s)?

Are you currently on the waiting list of another Golf Club? YES NO

If so, which one(s)?

Do you currently hold a handicap? YES NO

If so, what is it?

What is the lowest handicap you have achieved?

If not, have you ever held a handicap? YES NO

Any relevant references? (Please supply name and address.)

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YOUR NAME (Print):

SIGNED: DATE:.....

