

Sherborne Golf Club



To: The Office Administrator
Sherborne Golf Club Ltd
Higher Clatcombe
Sherborne
Dorset
DT9 4RN

APPLICATION FOR MEMBERSHIP

I desire to become a Member of Sherborne Golf Club and
I agree to abide by and conform to the Rules, Regulations and Byelaws of the Club.

FULL NAME _____

ADDRESS _____

_____ POST CODE _____

DATE OF BIRTH _____

TELEPHONE No. HOME _____ BUSINESS _____

MOBILE _____ E-MAIL _____

OCCUPATION _____

TYPE OF MEMBERSHIP

FULL – FLEXI-TRIAL – LONG DISTANCE – OVERSEAS – INTERMEDIATE – JUNIOR
SOCIAL ******(Delete as necessary)

OTHER CLUBS TO WHICH YOU HAVE BEEN A MEMBER

PRESENT _____ PAST _____

PREVIOUS GOLF EXPERIENCE _____

CURRENT HANDICAP (If Applicable) _____

PAYMENT TERMS:

I enclose my cheque/cash for: _____ Or to pay by BACS: 60-19-12 A/C No. 05509300

Or

Please charge my debit/credit card: _____ Expiry Date: _____

SIGNATURE OF APPLICANT _____ DATE _____