



ARROWE PARK GOLF CLUB



APPLICATION FOR MEMBERSHIP

NAME IN FULL : _____

ADDRESS : _____

_____ TEL. No : _____

OCCUPATION : _____

Email: _____ Date of Birth: ____/____/____

Type of Membership being applied for please tick:

Colt (18 – 30 years of age.) ☐

Full Membership.(Over 30 years of age.) ☐

Away Leisure (Already member of another club.) ☐

Do you know any member of our club Yes / No if yes please state name _____

Please give details of any other Golf Club or Society Handicap and length of membership.
Please state if you were a fully paid up member at the time of leaving.

Club / Society _____ CDH no. _____

Paid up Member at time of leaving Yes \ No

I agree to abide by the Rules of the Club as laid down in the Constitution.

Signature of Applicant: _____ Date: _____

Subs and Competition Fee's must be paid before any competition is entered into.

