

MONMOUTH GOLF CLUB
APPLICATION FOR MEMBERSHIP

Surname _____ Mr/Mrs/Miss/Ms. _____

Full Christian Name(s) _____

Full Postal Address _____

Post Code _____

Tel No _____ Mobile No _____

Do you give permission for the Club to publish your telephone number in the club diary?

Signature: _____

E.Mail Address _____

Type of Membership-

Life/Full/Country/Junior/Social/Promotion

Are you right or left handed?(for annual match).....L/R.

Date of Birth _____

If accepted would you qualify as a senior golfer ?- (aged 55 or over) Yes/No

Occupation (Previous, if retired) _____

Present golf club (if any) _____

Handicap _____

If you are not a member of a Golf Club, Have you ever received lessons from a professional?

Name of professional _____ Club _____

Number of lessons _____

Details of other golfing experience _____

Sponsors: 1 _____

2 _____

Please return the completed form to: Secretary, Monmouth Golf Club, Leasbrook Lane, Monmouth. NP25 3SN.

Telephone 01600 712212.

Signed _____

Date _____