



CREWE GOLF CLUB

Fields Road, Haslington, Crewe, Cheshire. CW1 5TB
Tel: (01270) 584099 Fax: (01270) 256482
www.crewegolfclub.co.uk secretary@crewegolfclub.co.uk

I wish to become a Member of the Company and hereby agree, if selected, to be bound by the Articles of Association, Rules and By-laws of the Company.

Categories of Membership: Full

- Amenity**
- Social**
- Ladies**
- Junior**

Please indicate which category you wish to apply for

FULL NAMETITLE (Mr/Mrs/Ms/Miss).....

(Block Capitals)

ADDRESS

.....POST CODE.....

EMAIL ADDRESS

OCCUPATIONTEL. NO. HOME.....

NAME OF EMPLOYER.....TEL. NO. WORK.....

+ I am/was a member ofGolf Club (Handicap.....)
or other form of Members Club.....

+ I am/am not a relative of a member (If so, state relationship).....

+ I have/have not played golf previously (If so, state where)

+ I have had/am intending to take lessons in golf

DATE OF BIRTH PLACE OF BIRTH

SIGNATURE DATE

Please use the reverse side of this form for any other information relevant to your application.

SPONSORS

PROPOSERS NAME *SIGNATURE

SECONDEES NAME *SIGNATURE

* The application must be supported by a Proposer and Secunder, who must have been Full Members of the Club for at least one year.