



MEMBERSHIP APPLICATION FORM

Personal Details (Please complete in block capitals)

Title: Mr. Mrs. Miss

Surname

Forename

Address

..... Post Code

Date of Birth Occupation

Daytime Tel No Evening Tel No

Email address

I agree that my telephone number / email address may be circulated to other **Club members** Yes / No

Do you have a physical disability Yes / No

Membership required	Full		Country		Junior		Student		Social	
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How did you hear of us?	Newspaper		Leaflet		Member		Website		Other	
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Name of present or previous Golf Club

Current Handicap Lowest Handicap

Proposed by

The Proposer must be a current member of the New Forest Golf Club
In the absence of a Proposer, please provide the name and address of a Referee below.

Surname Forename

Address

..... Post Code

Signed : Dated :