



APPLICATION TO BECOME A MEMBER OF TURTON GOLF CLUB

Title Surname First Names

Address

..... Post Code.....

Telephone number (Home)..... (Mobile).....

E-Mail address.....

Date of Birth..... Occupation.....

Previous Golf Club (If any).....

Handicap (If any).....

I hereby apply to become a member of Turton Golf Club.
 (Please underline the category of membership applied for)

- | | | | |
|--------------|-------------------|-----------------|----------------|
| 7 Day Member | Young Adult 27-29 | Junior 15-17 | Student Member |
| 6 Day Member | Young Adult 24-26 | Junior 10-14 | Country Member |
| | Young Adult 18-23 | Junior up to 10 | Social Member |

I have received a copy of the Rules of the Club and the Memorandum and Articles of Association of The Turton Golf Club Limited and if elected I agree to be bound by them.

Signed

Date.....

Data Protection - None of the information recorded on this form will be used for any purpose other than the administration of Turton Golf Club.