

FELTWELL GOLF CLUB

MEMBERSHIP APPLICATION

Name _____

Address _____

_____ Post code _____

Telephone Number _____ Date of birth _____

Email address _____

Type of Membership (*circle appropriate*):

Gent Full

Lady Full

Colt

Gent 5-day

Lady 5-day

Junior

Gent Country

Lady Country

Previous clubs: _____

Handicap: _____

Signature of applicant: _____ **Date:** _____

Please return the completed form to:

The Secretary, Feltwell Golf Club, Thor Avenue, Wilton Road, Feltwell, Thetford IP26 4AY
(Telephone number 01842 827644)

FOR OFFICE USE ONLY

Int _____ Subs _____ J/F _____

D/B _____ Ledger _____

Captain's comments: