



FELTWELL GOLF CLUB
(CASC Registered)*
MEMBERSHIP APPLICATION

Name _____

Address _____

_____ Post code _____

Telephone Number _____ Date of birth _____

Mobile _____

Email address _____

Type of Membership (*circle appropriate*):

Gent Full	Lady Full	Colt [1] [2]
Gent 5-day	Lady 5-day	Junior [1] [2] [3]
Gent 3-day*	Lady 3-day*	
2 nd Club Membership		

Previous clubs: _____

Handicap: _____ CDH _____

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: