



STOWMARKET GOLF CLUB

APPLICATION FOR MEMBERSHIP



TYPE OF MEMBERSHIP:		ADULT PLAYING ADULT SOCIAL JUNIOR
(Delete as appropriate)		
SURNAME:	Mr/Mrs/ Miss /Ms	
FORENAMES (Known as):	DATE OF BIRTH:	
ADDRESS:		
POST CODE		
TELEPHONE NO: HOME:		MOBILE:
WORK:		EMAIL:
PROFESSION OR OCCUPATION: (If retired please state former occupation)		
Previous golf clubs of which you were a member:		
Details of golfing experience:		
HANDICAP (If any):	CDH No:	
Have you ever been refused entry to or expelled from any other club?		YES/NO
Remittance of £50.00 enclosed for Waiting List Deposit <i>(not necessary for Junior Waiting List)</i>		<input type="checkbox"/> (✓)
Remittance of £82yr (inc vat) 1 st April - 31 March or pro rata (£6.83mth until end March) enclosed for Social Membership		<input type="checkbox"/> (✓)
(Cheques payable to Stowmarket Golf Club Ltd.)		
SIGNATURE OF CANDIDATE: _____		
Names of other Stowmarket members known to you:		

The above names is personally known to us and we believe him/her to be suitable person to be elected a Member of Stowmarket Golf Club		
SIGNED: (Proposer) _____		Please print name _____
(Seconder) _____		Please print name _____
DATED:day of		

Please Return to: The Secretary, Stowmarket Golf Club Ltd, Lower Road, Onehouse,
Stowmarket, Suffolk, IP14 3DA
Tel: 01449 736473 Fax: 01449 736826 Email: mail@stowmarketgolfclub.co.uk

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