



Carswell Golf Club Membership Application form

Titles _____ Full Name(s) _____

Address

_____ Post Code _____

Phone (home) _____ Work _____

Occupation _____ Date of birth _____

Last Golf Club _____ Present handicap _____

Occupation _____ Date of birth _____

Last golf club _____ Present handicap _____

Type of membership

7 day single

5 day single

7 day joint

5 day joint

7 day intermediate

7 day junior

3 month membership

- Joint memberships are only valid for couples living at the same address

Declaration

I/we hereby apply for membership of Carswell Golf Club and agree to abide by the club rules and the terms and conditions of membership set out therein

Signature Date

Signature Date

Please tick the box if you agree to your home telephone number being given out to other members.