

Membership Application Form

I, (Full Name) Mr/Mrs/Miss _____

Wish to become a member of Lakeside Golf Club and I agree to be bound by the Rules & Constitution of the Club thereof.

Signature of Candidate _____

Full Address _____

Postcode _____

Telephone _____

Email Address _____

Previous Club(s) _____

Previous Handicap (if applicable) _____

Proposer (if applicable) _____

Date of Birth (under 21 years only) _____

I give permission for the Committee to hold the above personal details (please circle): **YES NO**

Selected Membership (please circle)

FULL ADULT SENIOR 60 + YOUNG ADULT 18-25 STUDENT 18-21 JUNIOR 15-18

JUNIOR 10-15 JUNIOR UNDER 10

Payment Type (please circle) **CASH CARD CHEQUE**

Date _____

Approved by (staff use only) _____