



# Membership Application Form

**PLEASE USE BLOCK CAPITALS**

Membership Category: .....

Membership Number (to be given when joining) .....

Surname: ..... First Name: .....

Title: ..... Male/Female: .....

Full Address: .....

Postcode: ..... Date of Birth: .....

Home Tel: ..... Mobile: .....

Email address:

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Name of present club or last club you were a member of: .....

Current Handicap: ..... CDH No: .....

**Please circle below answers:**

Lakeside Golf course will be my home club for handicap purposes **YES or NO**

Do you give consent for the following information to be passed on to the Lakeside committee **YES or NO**

Do you give consent for the club to contact you regarding club information **YES or NO**

I wish to become a member of Lakeside Golf Course with immediate effect and I agree to bound by the Rules & Constitution

Signature: ..... Date: .....

**For Office Use Only**

Payment Type: ..... £.....

Updated on BRS system  Welcome pack given

Bar Card Number.....

Staff Member:..... Date:.....