



Membership Application Form



Date	.· ·
Name in Full (BLOCK CAPITALS)	
Membership Category	
Address and Postcode	
Home Telephone	
Mobile Number	
Email Address	
Date of Birth	
Occupation	
Previous Club (if applicable)	
Current Handicap Index	
England Golf Membership No.	

By signing this form I hereby confirm that I agree to the terms & conditions of membership and the club's rules and regulations detailed in its constitution. I also consent to TGC using my details to contact me with the understanding that TGC will not pass any of my details on to any 3rd party. **The committee's decision is final on all matters arising.**

Signature:

Date: / /