



ASHBY DECOY GOLF CLUB

MEMBERSHIP APPLICATION FORM

Date:	Membership required (please tick): Playing..... Social.....
APPLICANT'S DETAILS	
Surname:	First Names:
Address (including postcode):	
Contact Details	
Home:	Mobile:
Work:	E-mail:
I agree/ do not agree* to my contact details being given to other Club members *Please delete and sign: (Note – Junior members need Parent/Guardian signature)	
Date of Birth:	Occupation:
Name of any previous Club and Handicap:	
Applicant's Signature:	
Please write the name of a current member who you feel would support you during your first 3 months as a member. If you do not know anyone please leave blank.	
Please note that in the event of your application being refused you do have the right of appeal to the membership. Please refer to Club Rules for further information.	
OFFICE USE ONLY	
Put on board:	Category:
Put to Golf Committee:	Date of introductory meeting: