



Gosfield Lake Golf Club

Hall Drive, Gosfield, Essex, CO9 1SE / Tel: 01787 474747 / Email: gosfieldlakegc@btconnect.com

APPLICATION FOR MEMBERSHIP

1. General Information			
Surname:		
Title (Mr, Mrs, Miss etc):		
First Name:		
Address:		
Post Code:		
Telephone Number:		
Email:		
Date of Birth:		

Office Use Only			
Bar Card	Database	Email	Handicap

2. Membership Type	
Lakes Course	
7-Day Member	<input type="checkbox"/>
6-Day Member	<input type="checkbox"/>
5-Day Member	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Intermediate (Age 18)	<input type="checkbox"/>
Intermediate (Age 19-32)	<input type="checkbox"/>
Meadows Course	
7-Day Member	<input type="checkbox"/>
5-Day Member	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Junior (Age < 11)	<input type="checkbox"/>
Intermediate (Age 18-21)	<input type="checkbox"/>

3. Golfing Experience	Current Handicap:	CDH Number:
	Member of Society (Y/N):	Society Name:

Name of Golf Club	Dates	Reason for Leaving	Committees/Other Positions Held
	From:		
	To:		

Declaration
I hereby apply for membership of Gosfield Lake Golf Club. I understand that any false information supplied may invalidate my application. I hereby consent to any approaches being made to any previous golf clubs / societies of which I have been a member. I also understand that no correspondence will be entered into if the application is refused. If accepted for membership, I undertake to abide by the Rules and Regulations of the Club.

Signed:	Date:
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