



Gosfield Lake Golf Club

Hall Drive, Gosfield, Essex, CO9 1SE / Tel: 01787 474747 / Email: memberships@gosfieldlakegolf.club

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
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2. Membership Type

Lakes Course

7-Day Member	
6-Day Member	
5-Day Member	
Junior	
Intermediate (Age 18)	
Intermediate (Age 19-32)	

Meadows Course

7-Day Member	
5-Day Member	
Junior	
Junior (Age < 11)	
Intermediate (Age 18-21)	

3. Golfing Experience

Current Handicap:	CDH Number:
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Member of Society (Y/N):	Society Name:
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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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