



Helsby Golf Club

Towers Lane, Helsby, Cheshire WA6 0JB Tel: 01928 722021 secretary@helsbygolfclub.org www.helsbygolfclub.org

Membership Application

Type of membership:

FULL COUNTRY YOUNGER JUNIOR STUDENT SOCIAL 5 DAY

NAME _____

ADDRESS _____

POST CODE _____

HOME TEL _____

MOBILE _____

BUSINESS _____ E-MAIL _____

D.O.B. _____ OCCUPATION _____

COMPANY/SCHOOL _____

HAVE YOU EVER BEEN A MEMBER OF A GOLF CLUB/SOCIETY

IF SO PLEASE STATE WHERE, CATEGORY, HOW LONG A MEMBER AND ANY OFFICES HELD

PRESENT HANDICAP _____ LOWEST HANDICAP _____

SIGNED _____ DATE _____

Referees: If possible please give name and address of 2 referees to support your application

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TEL _____ TEL _____

How did you hear about us?

MEMBER CLUB WEBSITE SOCIAL MEDIA OTHER (please specify) _____

If your application is successful, it is a club rule that all playing members carry third party liability insurance.
The management shall not be obliged to enter into discussions appertaining to any aspect of this application.

