



# APPLICATION TO BECOME A MEMBER OF DUNSCAR GOLF CLUB

Title

First Name

Surname

Date of Birth

Email Address

Home Phone Number

Mobile Number

Address

Post Code

Previous Club (if any)

CDH Number

Handicap (if any)

Occupation

\_\_\_\_\_

7 Day  6 Day  5 Day  Associate  Business  Corporate  Family

19 to 22  23 to 26  27 to 30  31 to 33  34 to 36  36 to 39

Sunday Only  Junior  Social  Flexible  Off Peak

I understand and agree to be bound by Dunscar Golf Club Articles of Association and Bye Laws.

(Copies are available in the members Information Guide in the Club Reception or copies are available from the club office)

Signed \_\_\_\_\_ Date \_\_\_\_\_

GDPR – None of the information recorded on this form will be used for any purpose other than the administration of Dunscar Golf Club.

V1 BRS Paxton Card email