

Mickleover Golf Club Limited

www.mickleovergolfclub.co.uk

To: The Managing Secretary
Mickleover Golf Club
Uttoxeter Road
Mickleover
Derby DE3 9AD

(Tel: 01332 516011)

Email: secretary@mickleovergolfclub.co.uk

Application for Membership

I wish to apply for membership of Mickleover Golf Club Limited and I hereby agree to be bound by the Conditions of Memorandum and Articles of Association, and the Bye-Laws and Regulations of the said Club.

First names:		Last name:		
Occupation:		Date of Birth:		
Business Name:		Private addre	ss:	
Address:				
		Post code:		
Tel: Business:	Mobile:		Home:	
Email address:				
Membership applied for: Full 7day □ Full 6 day □ Full 5 day □ House (Social) □				
(Please tick box as appropri	ate) Meml	pership Lite 🗆	Junior \Box	Cadet □
Details of any previous golf club membership:				
Dates:	Name of Cl	ub:	Handicap:	CDH No.
Signature of applicant:		Date:		