



West Hove Golf Club

Badgers Way
 Hangleton
 Hove
 BN3 8EX

T: 01273 419738
 E: info@westhovegolfclub.co.uk
 W: www.westhovegolfclub.co.uk

Membership Application Form

7 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>	Academy <input type="checkbox"/>
Intermediate (18-22) <input type="checkbox"/>	Education (18-22) <input type="checkbox"/>	Junior (14-17) <input type="checkbox"/>
Junior (9-13) <input type="checkbox"/>	Cub (5-9) <input type="checkbox"/>	Social <input type="checkbox"/>

Title:	Surname:
Forename(s):	Date of birth:
Address:	Postcode:
	Mobile no:
Home no:	Occupation:
Work no:	Car reg no:
E-mail:	

Are you currently or have you previously been a member of another golf club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state the name of current or previous golf club:		
Do you have a CONGU handicap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state exact handicap and CDH number:		

Please indicate preferred method of payment:	Standing order/deferred payment <input type="checkbox"/>
	Full settlement/advance payment <input type="checkbox"/>

We, the undersigned, consider the above candidate to be suitable for membership of this Club.

Proposer:	Secunder:
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Declaration: I, the above named, agree if elected to membership of West Hove Golf Club, to abide by the Rules and Bye Laws of the Club.

Signed:	Date:
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In the case of junior applications – signature of parent/guardian:
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Notes/further information that may support your application:

Office use only			
Copy to M & H/Ladies/Juniors <input type="checkbox"/>	Share <input type="checkbox"/>	Invoice raised <input type="checkbox"/>	Cards issued <input type="checkbox"/>
Club V1 <input type="checkbox"/>	BRS <input type="checkbox"/>	Janus <input type="checkbox"/>	E-mail <input type="checkbox"/>