



# PRESTWICH GOLF CLUB Ltd MEMBERSHIP APPLICATION FORM

Mr/Mrs/ Miss  Full Name & Surname

Address

Home Tel. No.

Mobile Tel. No

E Mail Address

Post Code  Date of Birth dd  mm  yyyy

Category of membership applied for: please tick appropriate box

Playing Members

Full 7 Day  6 Day- (sun – Fri)  5 Day (Mon – Fri)  Intermediate  Student  Junior

Social Membership

Full Social Member (with Bar Discount card)

Ordinary Social Membership

Are you at present a member of any golf Club:- Yes  No    
*If so please specify the name of the club*

Have you ever been a member of a Golf Club?:- Yes  No    
*If so please specify the name of the club*

*CDH No is the number issued by England Golf –it should be on the corner of your H/cap Cert.*

Do you have a current golfing handicap Yes  No  what is your handicap  what is your CDH No

Support of Application – If you are known by a member of Prestwich Golf Club it assist our administration with the application  
If you are not known it will not affect your application but we may have to make further identification & checks.

Are you known by a member of Prestwich Golf Club?:- Yes  No  Are they supporting your application?

Relative / Friend / Work Colleague Etc

What is their Name?  How do you know them?

I confirm that if elected as a member of Prestwich Golf Club I agree to abide by the rules of the Golf Club as amended from time to time.

I confirm that if elected as a playing member of Prestwich Golf Club, I will obtain and maintain appropriate Golf Insurance to cover any potential claims against personal injury to players or damage to property whilst playing on the course.

Signed .....

Date .....

*For office use only*

*Date received: ..... Date on Acknowledged .....Date on Notice Board .....*

*Interview Date ..... Accepted Yes or No ..... Membership No. ....*