

Kirton Holme Golf Club

Membership Application Form

Mr/Mrs.....First name.....Surname.....

Address

Postcode

Tel No

Date of Birth

Occupation & Employer

Membership of other Golf Clubs

(If any Please nominate Home Club & Handicap)

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Joint Member Details

Full Name

Date of Birth

Handicap

I/We wish to apply for a Full/Associate 7 day/5 day Membership

Enclose remittance in sum of £

I/We agree to abide by the rules of Kirton Holme Golf Club

Signed Dated