



## CASTERTON GOLF CLUB

### APPLICATION FOR MEMBERSHIP

Please ensure ALL sections are completed in FULL and in BLOCK CAPITALS

Title:(tick)	Mr.....	Mrs.....	Ms.....	Junior.....
Full Name:				
Address:				
Post Code:				
Daytime Tel No:			Evening Tel No:	
Mobile No:				
E-Mail Address:				
Are you currently a member of a golf club?				Yes/No
If yes give name of club:				
Have you ever been a member of a golf club?				Yes/No
If yes please give name of club:				

### HANDICAP DETAILS

Do you hold an Active Handicap?	Yes/No
If YES please give details supported by a Handicap Certificate from the Secretary of the relevant Golf Club:	
Please provide your 10 digit ID number (if applicable):	
Do you have an INACTIVE HANDICAP?	Yes/No
If YES please give details:	
If you have ever had a Handicap, please give details:	
Do you wish your Handicap to be regulated at Casterton Golf Club?	Yes/No

I enclose my remittance for £30 in payment of the subscription  
 – cheques made payable to 'Casterton Golf Club'

Signed:.....

Proposer:.....

Seconded:.....

Signed:.....

Signed:.....

Date: