MILE END GOLF CLUB

Oswestry - Shropshire - SY11 4JF
Tel: - (01691) 671246 Fax: - (01691) 670580

info@mileendgolfclub.co.uk www.mileendgolfclub.co.uk

MEMBERSHIP APPLICATION

Full Name (Mr/Mrs/Miss) : .....
(If More Than One Christian Name Please Underline The Name You Prefer To Be Known By)

Address : .....

.....

.....

Post Code : .....

Home Telephone : ..... Work Telephone : .....

Mobile Telephone : ..... E-Mail : .....

Occupation : ..... Date Of Birth : .....

Golf Experience (Please Circle) : Beginner (less than 2 yrs) Intermediate (2 - 5 Years) Experienced (over 5 yrs)

Are You Currently (Or Have You Previously Been) A Member Of A Golf Club (If So, Where & When) : .....

If You Are Currently A Member Of Another Golf Club Do You Wish To Make Mile End Your **HOME** Club For Handicapping Purposes : **YES / NO**

If **NO** Please Name Your "Home" Club & Give Your Handicap : .....

CDH : Unique Handicap ID Number (if known) : .....

Category Of Membership Required : .....

Upon acceptance of my application, I agree to conform to the Policies, Privileges, Rules and Regulations of Mile End Golf Club. A copy of these rules is available for prior inspection if required.

SIGNED : ..... DATE : .....

MILE END USE :- Date Received- ..... Signed- ..... On System:- ☐ Confirm- ☐

Date of Expiry : ..... Subs Amount:- ..... Cash ☐ Chq ☐ Card ☐ DD ☐