****

**Lyme Regis Golf Club, Timber Hill, Lyme Regis, Dorset DT7 3HQ**

**Membership Application Form**

Surname Mr/Mrs/Miss................................................................................................................

First names .......................................................... Email: ...........................................................

Permanent address ....................................................................................................................

.................................................................................Post code ...................................................

Date of birth ......................................... Tel' no ..........................................................................

Occupation ...................................................................... Current handicap ............................. CDH Number........................................ Previous or current club ...............................................

Are you retaining membership of other clubs (please give details)? Yes/No

If yes which club do you wish designated as home club? ....................................................... **Class of Membership** - (tick class required)

Age Category

Full playing O Country O 30-35 O 25-29 O 22-24O 19-21 O 13-18 O 8-12 O Social O

How did you hear about us?.......................................................................................................

………………………………………………………………………………………………………………………………………………

I consent to my name/handicap/previous club and personal details being stored for the benefit of membership at Lyme Regis Golf Club.

Date ................................... Signature of applicant ....................................................................

For any further information please contact Nicky or Melanie on 01297 442963 on admin@lymeregisgolfclub.co.uk