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**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

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

**Category**

Full playing ⃝ 9 Hole ⃝ Country ⃝ 30-35 ⃝ 25-29 ⃝ 22-24 ⃝ 19-21 ⃝ 13-18 ⃝ 8-12 ⃝

Family ⃝ Social ⃝

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. Our Privacy Policy can be found at www.lymeregisgolfclub.co.uk

Date ................................... Signature of Applicant ....................................................................

For further information please contact Melanie or Juliet on 01297 442963

or [admin@lymeregisgolfclub.co.uk](mailto:admin@lymeregisgolfclub.co.uk)

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