



Membership Application Form

Surname Mr/Mrs/Ms/Mx

First name 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 Country 8-12 13-18 19-21 22-24 25-29 30-35

36-40 41-45 Via Driver Golf Academy

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

OFFICE USE ONLY

Membership Number:	Club Card Number:	
Invoice Sent:	£	Date:
Fee Paid:	£	Date:
Payment Method:	Issued by:	Date:
	Signed:	Date: