



Membership Number: \_\_\_\_\_

# *DOUGLAS VALLEY GOLF CLUB*

## *MEMBERSHIP APPLICATION FORM*

(Please print in BLOCK CAPITALS)

1. SURNAME: \_\_\_\_\_  
FIRST NAME(S): \_\_\_\_\_  
TITLE: (MR/MRS/MISS): \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ POST CODE: \_\_\_\_\_
3. TELEPHONE HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_
4. E-MAIL ADDRESS: \_\_\_\_\_
5. OCCUPATION: \_\_\_\_\_
6. DATE OF BIRTH: \_\_\_\_\_
7. HOW MANY YEARS HAVE YOU PLAYED GOLF? \_\_\_\_\_ YRS  
HANDICAP: \_\_\_\_\_
8. I enclose the sum of £\_\_\_\_\_ to pay for the Annual Membership  
Subscription for Douglas Valley Golf Club.  
HOW PAID? **CASH/CHEQUE/CREDIT/DEBIT CARD**
9. MEMBERSHIP CATEGORY: FULL \_\_\_\_\_ JUNIOR \_\_\_\_\_
10. I agree, if accepted, to abide by the rules and regulations of Douglas  
Valley Golf Club.

SIGNED \_\_\_\_\_ PRINT \_\_\_\_\_  
DATE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

***Please make all cheques payable to  
DOUGLAS VALLEY GOLF DRIVING RANGE LTD***

