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