

Newbury & Crookham Golf Club - Application for Membership

Full Name:	
Full Name & Title of 2 nd Applicant:	
Address:	
Home Tel No:	Work Tel No:
Mobile No:	e-mail:
	Are you happy to receive AGM notices and invoices via e-mail: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Profession or Occupation:	
Date of Birth:	
Other Golf Club (if any):	Handicap (if any):
How did you hear about us:	Example; Member, other golfer, newspaper, website etc
Type of Membership (Please tick as appropriate) Full: <input type="checkbox"/> Joint Full: <input type="checkbox"/> 25 - 30: <input type="checkbox"/> 21 - 25: <input type="checkbox"/> 18 - 21: <input type="checkbox"/> Associate 20: <input type="checkbox"/> Junior Gold: <input type="checkbox"/> Junior Bronze: <input type="checkbox"/>	
I/We wish to be considered for membership of Newbury & Crookham Golf Club Signature: _____ Date: _____ Signature: _____ Date: _____	

As we are a members' golf club, it is preferred that new applications to join Newbury & Crookham Golf Club are supported by 2 current members. However, if you are new to the area or do not know any members to obtain sponsorship, this should not be a barrier to you joining the club. If this is the case, please call the Club Manager on 01635 40035 for advice. **The information on this form is treated in the strictest confidence and will be made available to Newbury & Crookham Golf Club only with the exception of your name & home phone number which will be published in the members' diary unless specified otherwise.**