

# MEMBERSHIP APPLICATION FORM

Mr /Miss /Mrs /Ms

First Name(s):.....

Surname:.....

Address:.....

.....

.....

Post Code:.....

Date of Birth:.....

Telephone no:..... Mobile no:.....Work no:.....

I would like to join HHGC as a- Full / Social Member

I am currently a member of:.....

My current handicap is:.....

I have previously been a member of:.....

Signature:.....Date:.....

Print name:.....

*Please complete in full and return to the HHGC Office.*

*We will then write inviting you to attend a New Members Meeting in the Clubhouse. (Smart dress please i.e. jacket and tie)*