



APPLICATION TO BECOME A MEMBER OF DUNSCAR GOLF CLUB

Title First Names

Surname

Address

Post Code

email

Telephone Number (Home)

Mobile

Date of Birth

Occupation

Previous Club (if any)

CDH Number

Handicap (if any)

If hereby apply to become a member of Dunscar Golf Club – Please identify the Category applying for:

7 Day 6 Day 5 Day Associate Business Corporate Family
 19 to 22 23 to 26 27 to 30 31 to 33 34 to 36 36 to 39
 Sunday Only Junior Social Flexible Off Peak

I understand and agree to be bound by Dunscar Golf Club Articles of Association and Bye Laws.
 (Copies are available in the members Information Guide in the Club Reception or copies are available from the club office)

Signed _____ Date _____

GDPR – None of the information recorded on this form will be used for any purpose other than the administration of Dunscar Golf Club.