



MALTON & NORTON GOLF CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:

Date of birth:

Mr/Mrs./Miss/Ms.

Current address:

County:

Post Code:

Mobile phone no:

Home phone no:

Email address:

GOLFING BACKGROUND (IF APPLICABLE)

Current Golf Club:

Previous Golf Clubs:

CDH Number:

Playing Handicap:

Actual Handicap:

MEMBERSHIP INFORMATION

Type of membership required:

playing/social/flexi

Payment method:

monthly/annual

SIGNATURES

I confirm I have read and understand the terms and conditions of membership, and agree to abide by the club rules at all times.

Signature of applicant:

Date: