



Membership Application

APPLICANT INFORMATION

Please circle your choices where options apply

Full Name:

Date of Birth: Mr Mrs Miss Ms Other

Address:

Town: Postcode:

Home Tel No: Mobile Tel No:

Email Address:

GOLFING INFORMATION

Current GC: Previous GC's:

Playing Handicap: CDH No: New to Golf:

OTHER INFORMATION

To help us include you quickly into M&NGC please answer the following questions:

Who do you know at M&NGC:

When do you like to play: Mid-week Weekends Evenings

What type of golf do you prefer to play: Competitive Friendly Mixed

Are you in a golfing society: Yes No

Present employment role & company (if applicable):

From time to time we may choose to send you emails in the form of: Club Marketing – These are emails containing specific club marketing, including information about social nights, functions, competitions etc

Do you consent to receive marketing emails from us? Yes No

3rd Party Marketing – These are emails from the club containing 3rd party marketing. These may include special offers from local businesses etc

Do you consent to receive 3rd Party Marketing emails from us? Yes No

MEMBERSHIP INFORMATION

Type of Membership Required: FULL 5 DAY FLEXI SOCIAL
ASSOCIATE 9 HOLE INTERMEDIATE
OVER 80 STUDENT JUNIOR

Payment Method: Monthly Annually

AGREEMENT & SIGNATURES

I have read & understand the terms & conditions of membership & agree to abide by the club rules at all times
(A copy of the Club Rules is available from the Office or on the M&NGC website www.maltonandnortongolfclub.co.uk)

Signed: Date: