



Membership Application Form

Applicant Name

Address

Postcode

Date of Birth

Home Tel.

Mobile Tel.

Business Tel.

Email address

Occupation

.....
Type of Membership

Full Intermediate Flex Junior Social

Current Club
(If any)

Refer a friend scheme:
Member's name if
being introduced by an
existing member

Current Handicap
(If held)

CDH No.

.....
Payment Terms *(Please check box for preferred payment option)*

BACS payment - *payments to be made to 60-19-12 A/C No. 05509300*

Debit/Credit Card payment *(If preferred option, please complete boxes below)*

Card Number

Expiry date

.....
I desire to become a Member of Sherborne Golf Club and I agree to abide by and conform to the Rules, Regulations and Byelaws of the Club.

Signature

Date

To receive further information from Sherborne Golf Club, please check box

