

# MATLOCK GOLF CLUB



## MEMBERSHIP APPLICATION

### Membership Type

Tick box as applicable

Full Playing	<input type="checkbox"/>	Cadet	<input type="checkbox"/>
Midweek	<input type="checkbox"/>	Country	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	Social	<input type="checkbox"/>
Junior	<input type="checkbox"/>	Driving Range	<input type="checkbox"/>

### Personal Details

In block capitals

Forename(s):	Surname:
Address:	DOB:
Address:	Home Tel:
Address:	Mobile:
Post Code:	Email:

- 1 I am/was a member of ..... Golf Club
- 2 My handicap is/was ..... and (CDH) number is .....
- 3 I do not have an official handicap
- 4 I am over 18 years of age and in full time education

(Delete any of above if not applicable)

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

**Return this completed form to:** Club Manager, Matlock Golf Club, Chesterfield Road, Matlock Moor, Matlock, Derbyshire DE4 5LZ 01629 582191 email: [secretary@matlockgolfclub.co.uk](mailto:secretary@matlockgolfclub.co.uk)