

Hazlehead Golf Club 1929



## APPLICATION FOR MEMBERSHIP HAZLEHEAD GOLF CLUB

Please complete form in BLOCK CAPITALS		
Title	Forename(s):	Surname:
Address:		Home Tel:
		Mobile:
Postcode:	Email:	
Date of Birth:	Gender:	
Name(s) of previous and other clubs:	Handicap:	
	CDH ID:	
You may need to notify your previous club of a change of 'home club' status to release your handicap		
Signature:		Date:
First Proposing Member:		
Second Proposing Member:		
Date of Submission:	Registration Number:	
Date Admitted:	Membership No.	