

# APPLICATION FORM

Please print details clearly

I HEREBY APPLY TO BE CONSIDERED FOR MEMBERSHIP OF YORK GOLF ACADEMY COURSE IN THE FOLLOWING CATEGORY: (please circle)

7 DAY ADULT

5 DAY ADULT

JUNIOR (Age 18 and under)

SURNAME

TITLE

FORENAMES

ADDRESS

POSTCODE

TELEPHONE NO.

Home

Mobile

E-MAIL ADDRESS

DATE OF BIRTH

ARE YOU A MEMBER OF ANOTHER GOLF CLUB? YES/NO

IF YES, PLEASE NAME CLUB

DO YOU ALREADY HAVE AN OFFICIAL HANDICAP? YES/NO

If Yes, What is your current handicap and when was it last updated?

CDH (Central Database of Handicaps) No.

(if known)

IF YOU ARE A NOVICE GOLFER HAVE YOU RECEIVED LESSONS? YES/NO

Would you like to apply for Golf Range Membership at a reduced rate of £15 for 2 years (usually £25)? YES/NO

If already a golf range member you will receive a £10 credit to your account.

IF ACCEPTED I AGREE TO ABIDE BY CLUBS CONSTITUTION AND LOCAL RULES.

SIGNATURE

DATE

YOUR MEMBERSHIP PACK WITH YOUR BAG TAG AND YEAR STICKER WILL BE AVAILABLE ONCE YOUR APPLICATION HAS BEEN ACCEPTED

Return Completed Form to: The Club Manager, York Golf Range, Towthorpe Moor Lane, Towthorpe, York. YO32 9ST.

FOR OFFICE USE ONLY

DATE ACCEPTED .... / .... / .....

FEES RECEIVED .....

RECORD NO. ....

01904 499275  
www.yorkgolfrange.co.uk

