



HOMELANDS
GOLF CENTRE • ASHFORD
HOMELANDS GOLF CLUB MEMBERSHIP APPLICATION FORM

MEMBER NUMBER.....

PERSONAL DETAILS - Mr/Mrs/Miss/Ms.

FULL NAME

ADDRESS.....

.....

.....

POST CODE.....

TELEPHONE NUMBER (H).....**(M)**.....

EMAIL ADDRESS.....

HANDICAP.....**(Cert Required)**

PLEASE PROVIDE DETAILS OF YOUR (HOME) GOLF CLUB & MEMBERSHIP

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I confirm that I will abide by the constitution, and agree to abide by the rules of the club and the dress code at all times.

I hereby apply for membership of the category shown below on an annual basis.

SIGNED.....**DATE**.....

MEMBERSHIP CATEGORY:

2nd Club Membership 7 day

Membership at present £.....
(Includes Affiliation Fee)