



APPLICATION FOR MEMBERSHIP

I wish to become a member of the Blackwell Grange Golf Club Limited and hereby agree, if elected to membership, to be bound by the Rules and Bye-laws of the Club, (Company registration number 794004).

(Please complete fully in **BLOCK LETTERS** and check that your e-mail address is accurate)

Surname	Forename(s)	Mr. / Mrs. / Miss / Other
Full Name		
Address		
.....		Post Code
Mobile No	Email	
(Please write clearly – Thank you)		
Occupation	Date of Birth	
Category	Subscription Amount £.....	Joining Fee £

If you are a current or previous member of another Golf Club, please state which Club:

Current Club:.....

Previous Club:.....

Will Blackwell Grange be your home Club: YES / NO (please circle)

CDH No. Handicap

Signature of Applicant Date

Preferred Payment method – BACS DIRECT DEBIT CARD

You will be contacted when your application has been processed and an invoice prepared.

Neil Clarke,
Hon. Secretary.

OFFICE USE

Date received Election notified Invoice issued

Fees: £

Signed Position

Call 01325 464 458 +2 Pro Shop & Driving Range +3 Secretary +5 Clubhouse

www.blackwellgrange.golf