



MEMBERSHIP APPLICATION FORM

Please print clearly, and when completed send to the address at the bottom of this form

I wish to become a Playing House Country Junior/Intermediate Member of Colne Golf Club
Please tick box that is applicable

Name

Address

.....

Postcode Date of birth

Home Tel Mobile

Email

Note. The data collected on this form will only be used for the purposes of Colne Golf Club regarding Club matters, competitions and socials, and will not be disclosed to any external source without your express written consent.

Previous Golf Club (if applicable)

Handicap C.D.H number

Proposer Date

Secunder Date

COLNE GOLF CLUB

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