



The Club House, Russell Road, Kidderminster, Worcestershire, DY10 3HT
Tel: 01562 822303 email: info@thekidderminstergolfclub.com

APPLICATION FOR MEMBERSHIP

FULL NAME (block letters):

RESIDENTIAL ADDRESS:

..... POST CODE.....

TELEPHONE: HOME: WORK: MOBILE

EMAIL ADDRESS:

DATE OF BIRTH: EMPLOYMENT:

NAME OF CURRENT GOLF CLUB: HANDICAP:

I enclose a letter of introduction/handicap certification: (please tick as appropriate)

I AM NOT CURRENTLY A MEMBER OF ANY GOLF CLUB:

I WISH TO APPLY FOR: FULL RESTRICTED SOCIAL JUNIOR COUNTRY
7 day 5 day Under 21 75 miles from Club.

I understand that it is preferable that my application is sponsored by two senior members of 3 years standing.

SIGNATURE OF APPLICANT: DATE:

1) SPONSOR'S NAME (block letters) SIGNATURE:

2) SPONSOR'S NAME (block letters) SIGNATURE:

We, the above-named, nominate the applicant for membership of Kidderminster Golf Club and we accept responsibility for him/her being conversant with the rules and etiquette of the Course/Club. We further understand that we will be required to attend his/her interview.

1) I have known him/her for years

2) I have known him/her for years.

Please give details of any disability or special requirements to assist you in your interview:

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