



COPSEWOOD GRANGE GOLF CLUB

The Pavilion, Copsewood Sports Ground
 Allard Way, COVENTRY CV3 1JP
 Neal Plummer 07756 076263

To : **The Golf Membership Secretary**

Date

/	/20
---	-----

APPLICATION FOR GOLF MEMBERSHIP

* I wish to apply for 7 day/ 6 Day/ 5 day/ Intermediate /Junior membership

PERSONAL INFORMATION

Full name	
Address	
Town	
Post Code	
Home phone no.	
Mobile phone	
e-mail address	
Date of Birth	

GOLF EXPERIENCE

* I was a member of		Golf club from		to	
* I have a current official handicap of		CDH No			

Alternatively, send your details in an email to neal.plummer28@gmail.com

If you know any Copsewood golf club members, please supply give their name(s) below:

.....

Would you like to play a few holes with a member of the committee? *YES / NO

The Golf Club reserves the right to refuse membership to an applicant but also to cancel membership within the first six months of membership if it has reasonable justification.

ANY OTHER INFORMATION

I hereby request that I be considered for membership of the Copsewood Grange Golf Club.

(Signed)

* Please delete as appropriate