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|  | **COPSEWOOD GRANGE GOLF CLUB**  **The Pavilion, Copsewood Sports Ground**  **Allard Way, COVENTRY CV3 1JP**  **Neal Plummer 07756 076263** |

/ /

To : **The Golf Membership Secretary** Date

**APPLICATION FOR GOLF MEMBERSHIP**

###### The Club respects the privacy of its members. The personal data on this form is entered into the golf and social club membership databases for internal usage only and under no circumstances is shared with any 3rd parties.

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

**\*** I wish to pay in full/over 6 instalments

| 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](mailto: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)