



## **CHURCHILL & BLAKEDOWN GOLF CLUB**

### **APPLICATION FOR MEMBERSHIP**

SURNAME..... TITLE.....  
FIRST NAME(S)..... DATE OF BIRTH .....

ADDRESS (Private)..... OCCUPATION.....  
..... TELEPHONE:-  
..... HOME .....

..... BUSINESS .....

..... MOBILE .....

POST CODE .....

MEMBERSHIP REQUIRED .....  
(Lady Playing, Gentleman Playing – Restricted 5 Day/Full 7 Days, Intermediate 18 – 22 yrs, Junior 10 – 17 yrs, Social)

PREVIOUS CLUB (If any) ..... PERIOD OF MEMBERSHIP .....

OFFICE HELD (If any) ..... HANDICAP .....

DECLARATION  
If elected, I agree to be bound by the Rules and Bye-Laws of the Club

SIGNATURE ..... DATE .....

#### **SPONSORS**

We, the undersigned, being Full Members of Churchill & Blakedown Golf Club for more than three years, do, from our personal knowledge, recommend to the Committee the above named candidate. We undertake to familiarise the applicant with the Club Rules and Golf Etiquette.

PROPOSED BY:- SECONDED BY:-  
NAME ..... NAME .....

SIGNATURE ..... SIGNATURE .....

OTHER MEMBERS OF THE CLUB KNOWN TO THE APPLICANT:-  
.....

PLEASE RETURN THE FORM TO:-

HON.MEMBERSHIP SECRETARY

CHURCHILL & BLAKEDOWN GOLF CLUB, CHURCHILL LANE, BLAKEDOWN, KIDDERMINSTER, DY10 3NB.

TELEPHONE (CLUB OFFICE) 01562 700018