

Hazel Grove Golf Club Membership Application Form



Title:

Name:

Male

Female

Date of Birth:

Nationality:

Occupation:

Address

Postcode:

Phone No:

Mobile No:

Email Address:

Have you been a member of any other Golf Club?

If Yes:-

Where:

When:

If No, please state briefly any experience of the game:

Current Golf Club (if applicable):

Current Handicap (if applicable):

Lowest Handicap (if applicable):

Reason for leaving (optional):

Have you ever been refused membership of a Golf Club? Yes / No (If yes, please give reason)

Type of HGGC Membership required?

How did you find out about us?

As a member you will be bound by the Memorandum and Articles of Association and Byelaws of the Club

Signature:

Date:

Print Name:

I agree to receive marketing communications from HGGC:

I agree to receive marketing communications from sponsors of HGGC:

Please return to:-

The Secretary, Hazel Grove Golf Club, Buxton Road, Hazel Grove, Stockport, Cheshire, SK7 6LU
or email to: secretary@hazelgrovegolfclub.com