

**Alnwick Golf Club Ltd**  
Swansfield Park  
Alnwick  
Northumberland  
NE66 2AB



Telephone: (01665) 602632  
Email: secretary@alnwickgolfclub.co.uk  
Website: www.alnwickcastlegolfclub.co.uk

For those interested in joining Alnwick Castle Golf Club, would you please complete the form below with all requested information and return to the secretary or at the club. All information will be held in strictest confidence.

<b>MEMBERSHIP APPLICATION</b>						
<b>APPLICANT INFORMATION</b>						
Title: Mr Mrs Miss Ms Other (Please State)			Full Name:			
Date of birth:		Mobile:		Phone:		
Current address:						
City/Town:		County:		Post Code:		
Email Address:						
<b>PREVIOUS GOLF EXPERIENCE</b>						
Current Golf Club Handicap:			Home Club:			
Previous Golf Club Handicap & Home Club (If Applicable):						
CDH Number (if Known):						
Do you wish for Alnwick Castle Golf Club to be your home club?			Yes		No	
<b>MEMBERSHIP CATEGORIES</b>						
FULL		SENIOR		5 DAY (MONDAY-FRIDAY)		
DISTANT (OVER 50 MILES)		CASTLE		SOCIAL		
UNDER 30'S (26-30 YRS)		INTERMEDIATE (21-25 YRS)		JUNIOR (16-20 YRS)		
JUNIORS (UNDER 16 YRS)		Please tick the appropriate membership category you wish to apply for.				
<b>SIGNATURES</b>						
I wish to considered for membership at Alnwick Castle Golf Club and I have read the rules & conditions and agree to abide by them.						
Signature of applicant:				Date:		
Signature (by parent or guardian of junior member applicant):						
Name of parent or guardian (BLOCK CAPTIALS):						
<b>OFFICE USE ONLY</b>						
Membership Number:			Membership Start Date:			
Membership Fee Paid: £		Method of Payment:		Cash	Cheque	BACS
Direct Debit (If Appropriate):		Start Date:		Monthly Amount: £		
Card		Direct Debit				