



DRIFFIELD GOLF CLUB

Yorkshire's Finest Parkland Course

MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK CAPITALS TO COMPLETE YOUR APPLICATION)

SURNAME	
FIRST NAMES	
ADDRESS	
POST CODE	
HOME TELEPHONE	
MOBILE PHONE	
EMAIL ADDRESS	
DATE OF BIRTH	
PREVIOUS CLUBS (IF APPLICABLE)	
CURRENT HANDICAP (IF APPLICABLE)	

MEMBERSHIP CATEGORY REQUIRED (Please Tick Box)					
FULL PLAYING	FIVE DAY	LOW USE	COUNTRY	INTERMEDIATE 18-21	
JUNIOR	SOCIAL		PRACTICE GROUND	INTERMEDIATE 22-23	
HOW DID YOU HEAR ABOUT THE CLUB? (Please Tick Boxes that apply)					
Newspaper/Magazine	From Friend	Website	Phone Directory	Leaflet	Member Before

APPLICANT'S SIGNATURE	PRINT NAME
PROPOSER'S SIGNATURE *	PRINT NAME
SECONDER'S SIGNATURE*	PRINT NAME

* APPLICANTS WHO WISH MAY BE PROPOSED AND SECONDED BY A COMMITTEE MEMBER

I APPLY TO DRIFFIELD GOLF CLUB AND HEREBY CONSENT TO MY APPLICATION BEING DISPLAYED IN THE CLUBHOUSE IN ACCORDANCE WITH THE RULES OF THE CLUB

For Golf Club Use Only Application Received..... Deposit Paid..... Membership Date.....