

# SANDIWAY GOLF CLUB LIMITED

## JUNIOR MEMBERSHIP APPLICATION FORM

### Personal information

Gender: (please tick)	Male	Female
Full Name:		
Address:		
Locality:		
Town or City:		
Post Code:		
Date of birth (dd/mm/yyyy)		

### Contact details

Telephone number:	
E-mail address:	

### Golf experience

I have been a member of:	Golf Club	
Dates	From:	To:
Current handicap		
Handicap certificate attached (please tick)	Yes	No
Number of years with this Golf Club:		
<b>OR</b>		
Not having been a member of a Golf Club I have had*/am* having a series of lessons from the Club Professional, at:		
*Cross out as appropriate		

### Referees

These members of Sandiway Golf Club are related to me:	<b>Name(s)</b> _____ _____
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The following members of Sandiway Golf Club are willing to support my application:

Name	Joined	Position

**Please complete and return this form to:**

The Manager, Sandiway Golf Club Limited, Chester Road, Sandiway, Northwich, Cheshire CW8 2DJ  
 Telephone: 01606 883247 and E-mail [information@sandiwaygolf.co.uk](mailto:information@sandiwaygolf.co.uk)