



Barnard Castle Golf Club

Application for Adult Membership

I wish to become a member of the BARNARD CASTLE GOLF CLUB and hereby agree, if elected to membership, to be bound by the Rules and Bye Laws of the Club.

Please complete in Block Letters

Surname Forename(s) Title

Address

.....

.....

Postcode

Telephone Home Mobile

Email

Date of Birth

Category of Membership Applied for

Present Club Handicap

Reason for leaving

We hold your personal information in order to communicate with you regarding Club activities, events and competitions. This information will only be shared between the office and the Club Professional. By signing this application form you agree to this use by the Club.

Signature of Applicant

Date

Introduced by