



Application for Paying Membership

Full Name: Email:
(Including Title)

Address:
 Post Code:

Telephone Home: Mobile:

Occupation: Date of Birth:

Golfing Experience:

PREVIOUS CLUBS

DATES OF MEMBERSHIP

HANDICAP

Name: From:
 To:

Please tick as appropriate:

Full Playing Member: Intermediate: Fairway Member:

Junior Member: Taster Membership:

I confirm that if elected a member of Churston Golf Club Ltd I will abide by the Bye laws of the Club.

SIGNED: **DATE:**

FOR OFFICE USE:

Application initiated: Invoiced: Introduction Paid:

Churston Golf Club, Dartmouth Road, Brixham, TQ5 0LA

info@churstongolf.com 01803 842 751

