

# APPLICATION FORM FOR MEMBERSHIP OF SERLBY PARK GOLF CLUB

*TO BE COMPLETED BY THE APPLICANT AND RETURNED TO THE SECRETARY*

I wish to become a member of Serlby Park Golf Club and hereby agree that if selected. I will uphold the Club Constitution and abide by all its rules and regulations.

Date of application: .....

Applicant's Full Name: .....

Signature of Applicant: .....

Address:

.....  
.....

Postcode: .....

Date of Birth: .....

Tel.No: .....

Email: .....

Profession or Occupation: .....  
(previous occupation if retired)

*\*Please give any details of previous golf club membership, CDH number, handicap etc.*

Returned to The Secretary, Serlby Park Golf Club, Serlby, Doncaster, DN10 6BA. Or  
Email to [secretary@serlbyparkgolfclub.co.uk](mailto:secretary@serlbyparkgolfclub.co.uk)

The Applicant shall be notified in writing when an interview is to be held and he/she is expected to confirm to the Secretary if able to attend on the date and time given.

*For Office Use Only*

--