

Please complete the below application form and return to:
*'Worfield Golf Club Membership Application',
 Roughton, Nr Bridgnorth, Shropshire, WV15 5HE*

| | | | | |
|---|--------------------------------------|--------------------------|--------------------------------|--------------------------|
| When would you like your membership to start? | | | | |
| Title: | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> |
| | Miss | <input type="checkbox"/> | Ms | <input type="checkbox"/> |
| | Dr | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| First Name | | | | |
| Surname | | | | |
| Date of Birth | | | | |
| Email Address | | | | |
| Home Address | | | | |
| Home Phone Number | | | | |
| Mobile Phone Number | | | | |
| Current Club | | | | |
| Are you transferring a handicap? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Handicap | | | | |
| CHD Lifetime ID | | | | |
| Membership Category | Seven Day | <input type="checkbox"/> | Five Day | <input type="checkbox"/> |
| | Junior - Colt (under 17 non-drivers) | <input type="checkbox"/> | Junior - Colt Plus (age 17-21) | <input type="checkbox"/> |
| | (Under 29s) 22 – 29 | <input type="checkbox"/> | | |
| Membership Type | Individual | <input type="checkbox"/> | Couple | <input type="checkbox"/> |
| How would you like to pay your Joining invoice? | Payment by monthly direct debit | | | <input type="checkbox"/> |