

Anderida Golfers

MEMBERSHIP APPLICATION

- I would like to be considered for membership to Anderida Golfers.
- If elected I agree to abide by the Anderida Constitution and rules.

Full Name:		
Address:		
Post Code:		
Email:		
Telephone No: (Eves)		Day:
Mobile No:		
Date Of Birth:		
Current Golf Club: (if Applicable)		
Golf Handicap: (if Applicable)		
Lowest Ever Handicap:		
Application Date:	____ / ____ / ____	
Applicants Signature:		
Proposed By:		Signature:
Seconded By:		Signature:

Please return this completed form to:

Dave Woolgar
1 Meadow Road
Groombridge
Kent. TN3 9RG