



**WOODSIDE GOLF**  
 Knutsford Road, Cranage, Cheshire CW4 8HJ  
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## MEMBERSHIP APPLICATION FORM

TITLE \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

Do you object to your telephone number being distributed within the club membership  
 (eg to arrange competitions)? YES/NO

Please provide an alternative telephone number in case of an **EMERGENCY** \_\_\_\_\_

I give consent to my email address to be used for club purposes

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

Please answer the following questions and delete where appropriate.

Do you have a current handicap or have you held a CONGU handicap  
 in the past YES/NO

If yes, please state the handicap you last played from \_\_\_\_\_

(Please supply a copy of your current handicap certificate)

Are you **currently** a member at another club? YES/NO If yes, please state which \_\_\_\_\_

At which club would you like your handicap to held? \_\_\_\_\_

Please supply your National Number (EGU Central Database of Handicaps) \_\_\_\_\_

Members signature \_\_\_\_\_ Date \_\_\_\_\_

Authorising signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR STAFF USE ONLY</b>	
All staff please complete the following when taking a membership	MAIN/RPS/SOCIAL MEMBER
Junior/Adult	Amount Paid £ _____ (Cash/Cheque/Card)
Junior Section donation £ _____	Ladies County Fees £ _____
Contract YES/NO	Copy of H/Cap Certificate YES/NO
	Received by _____
Membership No _____	Card No _____