



BRAESIDE GOLF CLUB

APPLICATION FOR MEMBERSHIP

MR/MRS/MS/MISS FIRST NAME _____

SURNAME _____

ADDRESS _____

POSTCODE _____ DATE OF BIRTH ___ / ___ / _____

HOME TEL NO. _____ OFFICE/DAYTIME TEL NO _____

MOBILE TEL NO. _____ EMAIL _____

Membership Category

Full Member (£60): Senior* (£35):

* 60 years or older at time of joining

Current CDH Number (if known): _____ and current/last home Golf Club: _____

I wish Braeside Golf Club to be my: **Home Club / Away Club** (please indicate)

Please note: If you are unable to provide a valid handicap certificate you will need to complete three rounds of golf with a member(s). One of these rounds will have to be with a Committee Member.

SIGNED: _____ DATE: ___ / ___ / _____

NB. Membership of Braeside Golf Club is entirely at the discretion of the committee

Please submit your completed form by emailing a scan to newmembers@braesidegolfclub.com, or leave it with the Selsdon pro-shop staff. Thank you

OFFICIAL USE ONLY

Committee Card Completed By: _____ Date: ___ / ___ / _____

Date Accepted: ___ / ___ / _____

Handicap Awarded: _____

Joining Pack Sent (date): ___ / ___ / _____