



# Cheadle Golf Club

## Membership Application Form

I desire to become a member of Cheadle Golf Club in the following category – indicated as appropriate

PLATINUM	
GOLD	
SILVER	
BRONZE	
5 MONTH TRIAL	

AGE 18 - 29	
AGE 30 - 35	
AGE 36 - 40	
ELDER ( OVER 80)	

JUNIOR (14 - 17)	
JUNIOR (UNDER 14)	
GRADUATE	
COUNTRY	
SOCIAL	

**Cheadle Golf Club Bank details ... Lloyds Bank Ltd ... Sort Code 30-13-90 .. Account Number 00353254**

	Yes	No
Do you wish to make Cheadle Golf Club your home Club – indicate as appropriate		
Do you wish to be included in Club Promotions – indicate as appropriate		

I agree to abide by the rules of the club, and to my name, address and telephone number being stored on file.

I certify that the following particulars are correct :-

Christian names in full. Mr / Mrs / Miss / Dr.....

Surname .....

Address .....

..... Postcode .....

Telephone Home No ..... Mobile .....

Email ..... Date of Birth .....

Name(s) of other golf clubs of which I am or have been a member .....

CDH Number (if known) ..... Handicap .....

Signed ..... Date .....

If you have any special skills or expertise which you are able to offer to the club we would be grateful if you could note this below.

Introduced by .....

Please return to the Secretary at Cheadle Golf Club, Shires Drive, Cheadle Road, Cheadle. SK8 1HW