



Lilley Brook Golf Club

Cirencester Road Cheltenham Glos GL52 2NF Tel 01242 526785 [email karl@lilleybrook.co.uk](mailto:karl@lilleybrook.co.uk)

Application for Membership

Title	
Forename	
Surname	
Address	
Postcode	
Email	
Home Tel	
Mobile	
Date of Birth	
Occupation	
Business address	
Postcode	
Tel No	

Golf Details

Present Golf Club	
Present Handicap	

Please provide handicap certificate from your existing Club if you intend to transfer handicap to Lilley Brook. (If no golfing experience, it will be advisable to have lessons with our Professional or Assistant) A supporting letter from the Professional will be required.

Previous Golf Club	
Previous Committee service	
Reasons for wishing to join	
Proposed by	
<small>(Proposer must send in a letter of recommendation)</small>	
Seconded by	

If elected I undertake to abide by the Articles of Association and Bye Laws of the Club. I agree to accept the decision of the Management Committee on my application as final and binding.

Signed _____

Dated _____