



LOBDEN GOLF CLUB

To: The Hon. Secretary :

Dear Secretary,

I wish to become aMember of LOBDEN GOLF CLUB and I agree as a member to be bound by the Rules of the Club.

Full name of applicant:

Address:

.....

Telephone Number: Date of Birth:

E mail:

Signature of Applicant:

Date:

1. Are you a member of any other Golf Club? YES / NO
(Please state which and current handicap : Handicap:

2. Have you been a member of any other Golf Club? YES / NO
(Please state which and most recent handicap : Handicap:

If the applicant is a member of another golf club it is necessary to provide a reference to allow status to be confirmed and any handicap details.

Lobden Golf Club is **CASC** registered and complies with **Community Amateur Sports Club** requirements of been open to all without discrimination. All Members (except Juniors) are entitled to vote on club matters at the AGM.

Various categories of Membership are available including staged payment options. In case of genuine hardship please apply to the Hon.Secretary with the details so that appropriate provision can be considered.

Payment is normally to be presented at application but will be refunded in full should application be rejected (as allowed under CASC regarding the best interests of Lobden Golf Club).

By signing this form you agree that the data within can be used for membership purposes, handicapping and similar. It will not be used for marketing or non-membership purposes.

LOBDEN GOLF CLUB

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