



Sharnbrook Golf Club - Application for Membership
(Please fill in all details as fully as possible)

Personal Details		
Title	First Name	Surname
Date		Date received
Membership Type (delete as appropriate) Full / Associate / Second Club / Other		
How did you become aware of SGC? (or name of member proposing you):-		
Address		
Post Code		
e-mail		
Home telephone		
Work telephone		
Mobile telephone		
Date Of Birth		
I wish Sharnbrook to be my "Home" Club		Yes / No
If no, which Club is it?		
Handicap		
Central Database Handicap Number (CDH)		

Please return completed form to:

Richard Lowther
 63 The Drive
 Wellingborough
 NN8 2DD

Phone: 07990 622206

or place completed form in green fee box
 or download form at sharnbrookgolfclub.co.uk and
 email as an attachment to: membership@sharnbrookgolfclub.co.uk