



LANHYDROCK HOTEL  
and golf club

## MEMBERSHIP APPLICATION FORM

Title:  Full Name:

Address:

Postcode:  DOB:

Tel no: Day time:  Evening:  Mobile:

Email Address:

Occupation:

Previous Golf Club:  Year:

Would Lanhydrock be your home club for handicapping? Yes  No  PLEASE TICK ONE

Do you have a current handicap? Yes  No  PLEASE TICK ONE Handicap:

### Membership - please tick your membership category

#### Seven Day

Golf - aged 25 to 69

Senior aged 70 and over

Intermediate - aged 18 - 24

Country - aged 18 or over

Junior - aged 15 to 17\*

Junior - aged 14 and under\*

Clubhouse

#### Five Day (Sunday to Thursday)

Full Golf - aged 25 to 69

Senior aged 70 and over

Intermediate - aged 18 - 24

Country - aged 18 or over

The month your membership is to commence: mm/yyyy

\* Denotes Parent/Legal Guardian must sign application on behalf of Junior

I confirm that the above details are correct and I have read and understood the Rules and terms of becoming a Member of Lanhydrock Hotel and Golf Club

Name:  Sign:  Date:

Lanhydrock Hotel and Golf Club - Company Reg No. 3265159

#### Administration use only

Member Ref No:  Staff Initial