

WOODSIDE GOLF
Knutsford Road, Cranage, Cheshire CW4 8HJ
Phone: 01477 532388
Email: info@woodsidegolf.co.uk
JUNIOR MEMBERSHIP APPLICATION FORM
UP TO 17 YEARS

Title _____ NAME _____ Address _____

Post code _____

Telephone _____ D.O.B _____

PARENT/LEGAL GUARDIAN/CARER-email/telephone DETAILS WILL BE USED TO RECORD THE MEMBERSHIP NAME _____

ADDRESS (if different from above) _____

TELEPHONE NUMBER _____

Parent/legal guardian email address _____

Can we distribute your telephone number & email address within the club membership (eg to arrange competitions/newsletters/messages) YES/NO

Please provide an alternative telephone number in case of an emergency

EMERGENCY NAME & TELEPHONE NO: _____

Please answer the following questions and delete where appropriate.

Do you have a current handicap or have you held a WHS handicap in the past **YES/NO**.

Have you ever been a member of another club? If so please state: _____

If **yes**, please state the handicap you last played from _____

Are you currently a member at another club? **YES/NO** If yes, please state which _____

At which club would you like your handicap to held? _____

Please supply your National ID Number (WHS Central Database of Handicaps) _____

Junior Members signature _____ Date _____

Junior parent/guardian signature _____ Date _____

(I agree to all policies & documentation-refer to our website-copies will be enclosed in the membership pack)

Authorising signature (STAFF) _____ Date _____

FOR STAFF USE ONLY

All staff please complete the following when taking a membership Junior

Amount Paid £ _____ (Cash/Card) Contract YES/NO

Copy of H/Cap Certificate YES/NO

Received by _____

OFFICE USE ONLY:

Membership No _____ **Card No** _____