



DARTMOUTH GOLF COURSE
MEMBERSHIP APPLICATION

Desired Category Full (7 Day) 5 Day Intermediate Junior
 Senior (7 Day) Senior (5 Day)

Full name of Applicant _____

Address _____

_____ Post Code _____

Email Address _____

Phone number _____ Mobile _____

Occupation _____ Date of Birth _____

- I am / was a member of _____ Golf Club
- Handicap _____ CDH Number _____
- I am a friend / relative of a member (please state relationship) _____

- Please give brief details of your golfing background, including clubs you have been a member of _____

