

TENTERDEN GOLF CLUB

Membership Application



Name

Address

Post Code:

Tel:

Mobile:

Email:

DOB:

Occupation:

Please indicate the category of Membership for which you wish to apply

7 Day

5 Day

Access

Intermediate

Age if Junior

Previous Club/experience:

Handicap:

Signature

Date:

In signing the application I understand that if elected I am agreeing to abide by the Rules, Policies and Bye Laws of Tenterden Golf Club and have been provided with a copy of these which I have read and accepted. Subject to approval and acceptance of TGC Committee.

TENTERDEN GOLF CLUB

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