

NEW MEMBER APPLICATION FORM 2024

Please print your details clearly

Title:	Ms	Miss	Mrs	Other	
First na	me		Surn	ıme	
Addres	S				
Postcoo	de				
Mobile	phone		Н	ome phone	
Email a	ddress				
Occupa	tion			Date of birth	
Current handicap if applicable				CDH number	
insuran	ce. Please ees Ladies	enclose a copy o	f your insurance	surance. Or £42 if you have with this form and your cher to pay electronically pleas	eque made payable to
Stonele	es Ladies	Golf Members C	lub		
Sort Co	de: 52-10-	19			
Accoun	t Number	: 1486 6137			
If you h 844720	u have any questions about payment, please speak with our Treasurer, Jayne Chandler on 0781 720.				
Please	tell us how	you heard abou	t the Women's	lub	
In signi	ng this fori	m you agree to co	omply with the c	lub rules	
Signatu	ıre			Date	
*Please	return co	mpleted form to .	layne Chandler I	y placing in the Ladies posti	box by the front door

in the clubhouse. Or you can email Jayne Chandler (jaynechandler868@gmail.com)