

ALDENHAM GOLF & COUNTRY CLUB

Church Lane, Aldenham, Watford WD25 8NN

Tel. 01923 853929

I wish to apply for membership to Aldenham Golf Club and hereby agree to observe the Constitution, Rules and Bye-Laws of the Club.

Date

Mr/Mrs/Ms/Miss/Dr (Surname)

ForenamesDate of Birth

Address

Tel. No. (Home).....(Work).....

Mobile No.....

E-mail address

Nature of Business (if applicable).....

Other Clubs (Golf, Tennis, Social etc).....

Official Handicap (if any).....

Membership Category applying for.....

Applicant's Signature.....

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

**ALL MEMBERSHIP APPLICATIONS MUST BE ACCOMPANIED BY
FOUR PASSPORT SIZE PHOTOGRAPHS**

Applicants for full joint membership should complete separate forms
and both forms returned in the same envelope.

If you know a member of the Club please ask them to sponsor your application:

Sponsor's Name.....
(Block Capitals)

Sponsor's Signature.....