

Application Form

(Mr/Mrs/Miss/Ms) First Name _____

Surname _____

Address _____

Postcode _____

Telephone _____

Mobile _____

Fax _____

E-mail _____

Golf Club _____

Handicap _____

Sponsored by Member: Name _____

Signature _____

I agree to abide by the Constitution of the CAREducation Golf Society and acknowledge that the Society is a part of CAREducation Trust Ltd. A duly completed pledge form is attached.

Signed _____

Date _____

Please complete and email to secretary@caregolf.org

Approved by committee

1)	2)
Comments	
Date	
Copy sent to	Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/>

CAREducation Golf Society Committee reserves the right to refuse or exclude anyone from membership.