



# ALDERLEY EDGE GOLF CLUB

FOUNDED 1907

## APPLICATION FOR MEMBERSHIP

Application Reference Number

PLEASE COMPLETE ALL SECTIONS BELOW

Surname

First name(s)

1st	2nd
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Date of birth

Date	Month	Year
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Address

Postcode
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Email address

Home Telephone No.

Mobile Telephone No.

Please give details of person to be contacted in an emergency

Name

Relationship

Home Telephone

Mobile

Relationship	Home Telephone	Mobile
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Have you previously been a member of another golf club? If yes please complete the following section

YES  NO

Date from/to

Name of Club

Handicap

Date from/to

Name of Club

Handicap

Have you ever been refused membership of any golf club? If yes please give details

YES  NO

FOR WHICH CATEGORY OF MEMBERSHIP ARE YOU APPLYING? PLEASE TICK FROM LIST

GENTLEMAN FULL

LADIES FULL

COUNTRY

COLT 18-26

JUNIOR

SOCIAL

DO YOU HAVE A SPONSOR IN THE CLUB? YES/NO PLEASE STATE DETAILS BELOW

(if you don't have a sponsor we will assign someone from our membership committee to guide you through the process)

Name

Relationship to self

Time known

Name	Relationship to self	Time known
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**ALDERLEY EDGE GOLF CLUB, BROOK LANE, ALDERLEY EDGE, CHESHIRE SK9 7RU**

**Telephone 01625 586200 email office@aegc.co.uk web aegc.co.uk**