



Membership Proposal Form

(Please ensure all fields marked with ** are completed)

NAME OF PROPOSED MEMBER**

ADDRESS**

.....

..... Post Code**

DATE OF BIRTH**:

HOME No. MOBILE No. **

EMAIL ADDRESS**

(Please provide us with a current valid email address as all correspondence will be via email)

MEMBERSHIP TYPE APPLIED FOR – Please delete accordingly:

Friend of Charterhouse / OCGS / OC / Employee/ Employee Spouse / Retired Employee

Are you a member of another golf Club? If so which:

Handicap (if any)

Other Golfing Experience

Link with Charterhouse or Proposer

Name of Proposer

Proposer’s Signature Proposer’s Membership No

Name of Seconder

Seconder’s Signature Seconder’s Membership No

Date

This form must be completed by the Proposer and Seconder, **both of whom must be Members of the Charterhouse Golf Club.** When completed and duly signed please forward to the Hon. Membership Secretary, Charterhouse Golf Club, Queens Sports Centre, Duke’s Drive, Charterhouse, Godalming, Surrey, GU7 2RS.

PLEASE NOTE THAT MONIES ARE NOT DUE AT THIS STAGE