Chorley Golf Club, Hall O'th' Hill, Heath Charnock, Chorley, PR6 9HX Tel 01257 480263
All communications must be sent to the Secretary

Application for Junior Membership

Date: Full Name: Address:	*Chorley Golf Club use only. Date Form Received:*
Age: Telephone No:	Date of Birth: School/College:
email address:	
Have you previously been a member of Chorley Golf Club. *YES/NO	Date joined: Date left:
Are you related to a Chorley member. *YES/NO	What relationship:
Are you currently a member of a Golf Club. *YES/NO	Which Club: Date joined:
Previous Clubs:	Dates joined: Dates left:
Do you have a handicap. *YES/NO	Handicap:
Have you had any experience of golf. *YES/NO	Experience:
Have you had any lessons with a Professional. *YES/NO	Pro's name:

A Condition of Membership is that all Members should be fully insured.
Are you now insured?_____ *(Golfers Comprehensive Policy)*

The Proposer and Seconder can only have one applicant awaiting entry at any one time

Proposer (must be a Member with a MINIMUM of 4 years membership) Years known to Applicant: Date:	Seconder (must be a Member with a MINIMUM of 4 years membership) Years known to Applicant: Date:

**** Please delete as appropriate***

email: secretary@chorleygolfclub.freeserve.co.uk