

**REHAB GOLF SOCIETY (version1)**

**Membership Joining Form**

**Name:** ..... (Please Print)

**Address:**.....

..... Post Code.....

**Tel No. Home:**.....**Mobile:**.....

**Email:** .....

**Emergency Name & Telephone Contact No.....**

**Proposer:** (Please Print).....

**I am a member of** .....**Golf Club**

**I am a member of** .....**Golf Society**

**My Active Handicap at my Golf Club/Society is**.....

**I do not belong to a Golf Club or a Golf Society**.....(tick if applicable)

**I understand that I will be required to comply with all rules of the Society and reasonable requests concerning golf etiquette as may be made by Society Officers or officials at visiting clubs.**

**Signed:** .....

**Date:**.....

**This application with cheque for £5 to be sent to The Secretary, Rehab Golf Society, Cardiac Rehab Centre, Chawton Park Rd, Alton, Hants GU34 1RQ**

(Please note if you do not have a proposer your application may still be accepted)