Sheringham Golf Club

Playing Membership Application

I wish to become a Member of Sheringham Golf Club
and agree to be bound by the Rules and Bye- Laws of the Club.

Date of Application	
Category of Membership	
Name in Full (block capitals)	
Address (block capitals)	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Date of Birth	
Other / Previous Club	
CDH Number (if known)	

Please return your application to:
The General Manager, Sheringham Golf Club, Weybourne Road, Sheringham, Norfolk, NR26 8HG