MEMBERSHIP APPLICATION FORM Indicate the category of membership you are applying for Premier Membership Full 7 Day Membership **MIDDLETON HALL** Full 5 Day Membership **GOLF CLUB** Off Peak Membership 9 Hole Membership Hall Orchards. Middleton, Junior Membership (up to 18 years of age) King's Lynn, Norfolk PE32 1RY Intermediate Membership (19 to 24 years of age) 01553 841800 Email enquiries@middletonhallgolfclub.com Intermediate Membership (25 to 30 years of age) Web www.middletonhallgolfclub.com Associate Membership Her Majesty's Forces Country Membership **Declaration:** I the undersigned, hereby apply for Membership of Middleton Hall Golf Club and agree to be bound by the Rules of the Club. I agree to receiving communications from the Club and Professional which I can unsubscribe from at any time. My contact details may/may not be passed to the Club Professional. (Delete as appropriate). Signed: Date: PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS: Surname: Title: Forenames: D.O.B. ☐ Home: Address: ■Business: Post Code: Occupation: Are you or have you ever been a member of any other golf club(s), and if so which? Previous Club(s): Handicap: (Please provide handicap certificate)

INTRODUCING MEMBER (If applicable)

Name: (Caps)	Signature:	
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Date Interviewed Fees Paid Membership No.