

CDH NUMBER:

**MEMBERSHIP APPLICATION FORM 2024** Indicate the category of Membership you are applying for All prices are inclusive of VAT, Golf Insurance & county affiliation fees Full 7 Day Membership (includes reciprocal golf) Full 5 Day Membership **HM Forces Membership** Hall Orchards Off peak membership Middleton 9 Hole Membership Kings Lynn Full 7 Day Intermediate (18-27) Norfolk Full 7 Day Student / Apprenticeship **PE32 1RY Country Membership** Flexi - membership Junior Membership Over 10 years Junior Membership Under 10 Years 7 Day Reciprocal Golf: Ely, Boston, Mattishall, Richmond Park, Sleaford, Thorney, Diss **Declaration** I agree undersigned, here apply for membership of Middleton Hall Golf Club and agree to be bound by the rules of the club. I agree to receiving communication 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). PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS Date: Title: Surname: Forenames: Address: D.OB: Home: Post code: Mobile: Email: **Business:** Occupation: Are you or have you ever been a member of any other golf Club(s), and if so which?

www.middletonhallgolfclub.com 01553 841800 Website:

Have you been a Captain of any previous golf club?

Middleton Hall Golf Club enquiries@middletonhallgolfclub.com Facebook: