

# LACEBY MANOR

## MEMBERSHIP APPLICATION FORM

Title Christian Names:

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Surname:

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Address:

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Postcode: Date Of Birth:

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Home Telephone Number:

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Mobile Telephone Number:

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Email Address:

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Membership Category (Please tick appropriate box)

Whole in One  Young Adult

Current or Previous Member of Another Golf Club:

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Current Handicap (If Applicable):

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A copy of your handicap certificate will be required by the Secretary

CDH Number If Known:

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Please tick this box to **OPT IN**  and receive email communications from us, including our member's newsletter, golf updates, club news, competitions, events, promotions and offers at Laceby Manor Golf Resort. Full Privacy Policy available at [www.lacebymanor.co.uk](http://www.lacebymanor.co.uk)

Signature Of Applicant:

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Date:

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*PAYMENT DETAILS FOR OFFICE / STAFF USE ONLY*

Date Paid: Amount Paid:

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