

**ROYAL CINQUE PORTS GOLF CLUB
MEMBERSHIP APPLICATION**



To: **The Secretary**
Royal Cinque Ports Golf Club
Golf Road
Deal
Kent CT14 6RF

I hereby apply to become a Junior Member of the Royal Cinque Ports Golf Club and I agree, if elected, to be bound by the Memorandum and Articles of Association of the Company and the bye-laws of the Club.

Full Name: _____

Home Address: _____

_____ Post Code: _____

Telephone Number: home _____ mobile _____

E-mail address: _____

School : _____

Date of Birth: _____

Other Clubs (if any): _____

Handicap: _____ or beginner _____

If elected, I wish my handicap to be held at Royal Cinque Ports GC: Yes/No

Signed: (Junior) _____ Date: ____/____/20____

Signed: (Parent or Guardian) _____ Date: ____/____/20____

Date of application _____

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Name of relative or friend who is a RCPGC member (not required) _____

To help us assess which tuition group would suit you best please give us an idea of your golfing experience, if any:

