

membership application form



I (enter name),

desire to become a 7day, 6 day, special offer 5 day or Junior (please delete as necessary)
member of Davyhulme Park Golf Club and agree to be bound by the Rules and Regulations of the Club.

Full Name

Address.....

..... Post Code

Telephone Number Mobile

Email Address

Business/Profession/Occupation

Name of other/previous Golf Clubs

Handicap (if any) & Date

Date of Birth

Signature of Candidate Date

Applicants please note: If you have been introduced to Davyhulme Park Golf Club by an existing member please enter their details below.

Name of existing member

Address of existing member

.....

If assistance is required please contact our secretary, Sandy on 0161 748 2260 ext 1



Davyhulme Park Golf Club - The Premier Golf & Championship Course in Davyhulme, Manchester

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