

APPLICATION FOR MEMBERSHIP

Full name (Mr Mrs or Miss) _____

Occupation _____ Date of birth _____

Address _____

Postcode _____

Telephone number _____

Email address _____

Name and dates of birth of spouse and children also wishing to apply for membership

1 _____

2 _____

3 _____

Previous golfing experience including membership of golf clubs (with dates)

Will you be naming HSGC as your home club? Yes ☐ No ☐

Handicap (if any) _____

Please tick here if you do not want your details to be included in the
password protected members section on the HSGC website ☐

Details of association with Harrow School

TO BE COMPLETED BY PROPOSER

Please comment on suitability and state how long you have known the applicant

Master's/Proposer's signature _____