

MEMBERSHIP INFO

TITLE.....FIRST NAME.....SURNAME.....

GOLF CLUB.....HANDICAP.....CDH.....

EMAIL.....MEMBERSHIP: FULL /ASSOCIATE.....

PHONE.....MOBILE.....

OPTIONAL INFO Emergency contact (e.g. Jane Tarr (daughter) 07789234567

MEDICAL INFO (e.g. Allergic to aspirin, suffer from Migraine...)

Please return this form with your subscription to the Hon Treasurer:

Mrs Elaine Reilly , 1 Edgewood Court, Sacriston, Co Durham, DH7 6XH
Tel: 0191 371 99880 Email:treasurer@durhamladyveteransgolf.org.uk

PLEASE NOTE: Your personal data will be stored digitally but will not be used for any purpose other than the business of the Association.

THANK YOU

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