



Application Form

(Mr/Mrs/Miss/Ms) First Name

Surname

Address

Postcode

Telephone

Mobile

Fax

E-mail

Golf Club

Handicap

Sponsored by Member: Name

Signature

I agree to abide by the Constitution of the CAREducation Golf Society and acknowledge that the Society is a part of CAREducation Trust Ltd. A duly completed pledge form is attached.

Signed

Date

Please complete and return to: Kaushik Lakhani, CAREducation Trust, 3 Galley House, Moon Lane, Barnet, Herts. EN5 5YL

Approved by committee

1)	2)
Comments	
Date	
Copy sent to	Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/>

CAREducation Golf Society Committee reserves the right to refuse, or exclude anyone from membership. Please complete the Gift Pledge Form attached along with this application!