

# Membership Recommendation Form

Bridgnorth Road, Swindon, Dudley, DY3 4PU  
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T: 01902 897031

## EXISTING MEMBER DETAILS

Name: (Mr/Mrs/Miss:) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please Select your shirt size	Small	Medium	Large	X Large	XX Large
Please tick					

  

Please Select your shirt colour	Dark Grey	Cool Grey	Dark Red	Pale Pink	White	Lemon	Indigo Blue
Please tick							

**Please give this form to the new member to fill in and hand to the office with a membership application.**

## NEW MEMBER DETAILS

Please enter the details of the new member you would like to invite to join Swindon Golf Club.

Name: (Mr/Mrs/Miss:) \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please Select your shirt size	Small	Medium	Large	X Large	XX Large
Please tick					

  

Please Select your shirt colour	Dark Grey	Cool Grey	Dark Red	Pale Pink	White	Lemon	Indigo Blue
Please tick							

Membership Type: \_\_\_\_\_