



GOLF CLUB
D'HULENCOURT

Bruyère d'Hulencourt, 15
B-1472 Vieux-Genappe

MEMBERSHIP APPLICATION FORM

SURNAME:	CHRISTIAN NAME:	
ADDRESS		
STREET AND NUMBER:		
POSTCODE:	CITY:	
HOME TELEPHONE:	FAX:	
OFFICE TELEPHONE:	MOBILE:	
EMAIL ADDRESS:		
PROFESSION:		
COMPANY:		
MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED
	<input type="checkbox"/> WIDOW	<input type="checkbox"/> DIVORCED
DATE OF BIRTH:		
NATIONALITY:	LANGUAGE:	
PREVIOUS/PRESENT GOLF CLUB:		
HANDICAP:		
OTHER INTERESTS (<i>sports, art, culture...</i>):		
CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER:	
Membership is subject to acceptance by the Club.		
DATE:		
SIGNATURE:		

Reserved for Club administration

STATUS:

FULL MEMBER

WEEKDAY MEMBER

INTERVIEW DATE:

Please return the completed form by email to info@golfhulencourt.be, by Post to the above address
or by fax to: + 32 (0)67 79 40 48