

# MEMBERSHIP APPLICATION

NAME.....

ADDRESS.....

.....POST CODE.....

TELEPHONE.....

PREVIOUS CLUBS.....

HANDICAP ~ if any.....

*Please tick as appropriate*

DATE OF BIRTH..... OVER 18 yrs.....

OVER 35 yrs..... OVER 50yrs.....

OVER 65 yrs.....

7 DAY MEMBERSHIP.....

ASSOCIATE MEMBERSHIP..... 5 DAY MEMBERSHIP.....

SIGNATURE..... DATE.....

## ADDITIONAL INFORMATION

ON ACCEPTANCE OF THIS APPLICATION FOR MEMBERSHIP THE MEMBER WILL BE EXPECTED TO TAKE ADVANTAGE OF THE FACILITIES AVAILABLE AT THE CLUBHOUSE AND ATTEND SOME OF THE FUNCTIONS WHICH ARE HELD AT THE GOLF CENTRE. HOWEVER, TAKING PART IN GOLF COMPETITIONS WILL NOT NECESSARILY BE A REQUIREMENT OF MEMBERSHIP.

APPLICANTS MUST AGREE TO ABIDE BY THE RULES SET OUT FOR MEMBERSHIP

## OFFICE USE ONLY

Date.....Amount Received £.....

By Cash

Cheque

Credit Card