

WEST SUFFOLK GOLF CENTRE

MEMBERSHIP APPLICATION

NAME.....Mr./Mrs./Ms./Miss

ADDRESS.....

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

TELEPHONE Nos.....HOME.....MOBILE

PREVIOUS CLUBS.....E-MAIL.....

HANDICAP – IF ANY.....

DATE OF BIRTH.....

Please complete/tick as appropriate

7 DAY MEMBERSHIP.....

5 DAY MEMBERSHIP.....

ASSOCIATE MEMBERSHIP.....

JUNIOR MEMBERSHIP.....

BRONZE MEMBERSHIP.....

VISITORS MEMBERSHIP.....

OTHER.....

I HEREBY AGREE TO THE RULES AND REQUIREMENTS OF MEMBERSHIP

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

PRINT NAME.....

PLEASE NOTE-

On acceptance of the application members must agree to abide by the rules set out for membership.

OFFICE USE ONLY

Date.....Amount Received...£.....

Cash

Cheque

Credit Card

Membership will run from...1st day of.....to 30th/31st day of.....