



# CANONS BROOK GOLF CLUB

## MEMBERSHIP APPLICATION FORM



**MEMBERSHIP CATEGORIES – Please tick below the membership option you would like:**

- |                  |                            |                           |
|------------------|----------------------------|---------------------------|
| Full Member      | Full Member (Aged 21-24)   | Full Member (Aged 25-29)  |
| Six Day Member   | Five Day Member            | Member (Aged 19-20)       |
| Trial Membership | Junior Member (Aged 11-18) | Junior Member (Aged 5-10) |
| Under 5's        | Social                     | Trial Member              |
| Summer Member    | Twilight Member            |                           |

Full Name: .....

Address: .....

.....

Tel No: Home ..... Mobile: .....

Date of Birth: .....

E-Mail: .....

Golf Club (if any) of which present or past member: .....

Handicap (if any): ..... CDH No: ..... H/C Cert: Y/N

**I agree to be bound by the Memorandum and Articles of Association and they Bye-Laws of the Club.**

Clause 9 of the Memorandum and Articles of Canons Brook Golf Club Ltd,

**“Every Full, 6 Day and 5 Day Member of the Club undertakes to contribute to the assets of the Club, in the event of the same being wound up while he is a contracted Member, or within one year after he ceases to be a Member, for payment of debts and liabilities of the Club before he ceases to be a Member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves such amount as may be required not exceeding £10”.**

I, the undersigned, confirm that I will, in the event of my resignation, pay any Entrance Fees, Subscriptions or other Dues then outstanding.

Applicant’s Signature: ..... Date: .....

**For Office Use Only**

Membership No:		Access Card No:	
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Payment Method:	Cash	Cheque	Credit Card	Direct Debit
Cash Received No:				

Induction Meeting:	
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For Handicap Purposes Only	CARD 1	CARD 2	CARD 3
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