



DISS GOLF CLUB
 Stuston Common
 Diss
 Norfolk
 IP21 4AA
 Secretary: 01379 641025

DISS GOLF CLUB

APPLICATION FOR FULL MEMBERSHIP (FY 2016-17)

(TO BE COMPLETED IN BLOCK CAPITALS)

I WISH TO APPLY FOR FULL MEMBERSHIP OF DISS GOLF CLUB AND IF ACCEPTED I AGREE TO BE BOUND BY THE RULES AND CONDITIONS OF THE CLUB INCLUDING ALL BY-LAWS AND DECISIONS MADE BY THE MANAGEMENT COMMITTEE WITHIN THE RULES OF THE CLUB DURING THE TERM OF MY MEMBERSHIP.

APPLICANTS FULL NAME:

ADDRESS:

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POST CODE: TELEPHONE No:

MOBILE / BUSINESS No:

E – MAIL ADDRESS:

I HAVE / HAVE NOT, PREVIOUSLY BEEN A MEMBER OF A GOLF CLUB.

NAME OF PREVIOUS CLUB:HANDICAP:

OCCUPATION:DATE OF BIRTH:

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A CONFIRMATION OF A HANDICAP FROM A PREVIOUS CLUB MAY BE REQUIRED.

GREEN FEES MUST BE PAID UNTIL THE APPLICANT IS ACCEPTED AS A FULLY PAID UP MEMBER UNLESS PLAY IS AUTHORISED BY THE SECRETARY MANAGER IN ADVANCE.

NO REFUNDS OF ANY FEES OR SUBSCRIPTIONS WILL BE MADE IN ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT:DATE:

Subs:	Payment Method: Chq/Cash/DD/SO	Banked on:
Joining Fee:	Date:	Actioned by: