



**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: .....

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: .....

*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: .....**

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