



HOLYWELL GOLF CLUB

Brynford, Holywell, CH8 8LQ
 Telephone: 01352 710 040 option 2
 Email: secretary@holywellgc.co.uk

MEMBERSHIP APPLICATION

Full Name:
 Address:
 Town: Post Code:
 Tel. No: Mobile No:.....
 E-mail:

I wish to apply for membership in the following category (please circle)

FULL 2nd CLUB 18-21 22-29 GOLF DEVELOPMENT SOCIAL JUNIOR

I agree to be bound by the rules and regulations of the club for the time being in force, and adhere to the terms and conditions of the membership category. I agree that Holywell Golf club may retain the information i provide on the understanding it is used for club business and Management only, and will not be shared with anyone else. I consent to being contacted by post....phone....email.....text.....(delete as appropriate)

Signature..... Date.....
 Date of Birth.....

If you are, or have recently been a member of another Golf Club, please insert particulars below.

Name of Club: Handicap:

Membership fee to accompany this application form, cheques to be made payable to Holywell Golf Club.

Monthly Payments

I wish to pay by monthly instalments and agree to set up the relevant Standing Order.

I understand that I am committed to paying the full fee and that my resignation will not be accepted until all monies due have been paid.

Signature Date

For H.G.C. use only

Date Received: Date Displayed:.....

Date of Acceptance:

Remarks:.....

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