



MEMBERSHIP APPLICATION FORM

PLEASE SELECT MEMBERSHIP CATEGORY:

- INDIVIDUAL 7 DAY
 INDIVIDUAL 5 DAY
 JOINT 7 DAY
 JOINT 5 DAY
 INTERMEDIATE (22-25)
 INTERMEDIATE (18-21)
 JUNIOR

FULL NAME:

ADDRESS:

COUNTY: POST CODE:

HOME TELEPHONE: MOBILE:

EMAIL:

DATE OF BIRTH: OCCUPATION:

CURRENT HANDICAP: OFFICIAL CLUB:..... SOCIETY: ESTIMATED:

CURRENT / PREVIOUS CLUB: CDH NUMBER:

FOR HANDICAP PURPOSES WILL THEALE GOLF CLUB BE YOUR HOME CLUB: YES NO

PLEASE ADVISE HOW YOU HEARD ABOUT THEALE GOLF CLUB:

By ticking this box, you agree to us contacting you regarding membership and other club matters. Your information will be stored securely and will not be shared with third parties.

PLEASE NOTE THAT BY SIGNING THIS APPLICATION YOU ARE AGREEING TO FOLLOW ALL CLUB RULES AND PAY ALL FEES DUE UNTIL YOU NOTIFY THE CLUB IN WRITING OF YOUR RESIGNATION

SIGNED DATE / /

IF PAYING MONTHLY, PLEASE COMPLETE SEPARATE STANDING ORDER FORM ALSO

STAFF USE ONLY:

Staff Initial:		Bag Tag given: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yearly	Monthly	If monthly, separate form given and completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amount paid:		Date:	Form of payment:



STANDING ORDER FORM FOR MONTHLY MEMBERSHIP PAYMENTS

All memberships are for one year. Your first monthly payment is due direct at the club, followed by 11 payments by standing order

PLEASE COMPLETE PAYMENT DETAILS BELOW IN BLOCK CAPITALS

To Bank

Address Post code

Account to be debited:			
Name of account holder:		Sort code:	Account number:
Amount in £:	Amount in words:		
Date of first payment:	Date of future payments:	Frequency: Monthly	Date of last payment:
Please credit account:			
Bank: LLOYDS		Branch title (not address): READING	
Beneficiary name: GOLF WORLD LEISURE LTD			
Sort code: 30-96-96	Account number: 00074303	Quoting reference: THEALEGOLF	

Banks may decline to accept instructions to charge Standing Orders to certain types of accounts other than Current Accounts.

NOTE: The Bank will not undertake to

- a) make any reference to Value Added Tax or pay a stated sum plus V.A.T. or other indeterminate element.
- b) advise remitter's address to beneficiary of receipt
- c) advise beneficiary of inability to pay
- d) request beneficiary's banker to advise beneficiary of receipt
- e) accept instructions to pay as soon after the specified date as there are funds to meet the payment, if funds not available on specified date.

Payments may take 3 working days or more to reach the beneficiary's account. Your branch can give further details.

PLEASE SIGN BELOW FOR THE PURPOSE OF SETTING UP YOUR STANDING ORDER AND TO CONFIRM AGREEMENT WITH THE CLUB THAT YOU ARE JOINING FOR THE FULL YEAR AND ALL 12 MONTHLY PAYMENTS RE DUE, EVEN IF YOU CHOOSE TO RESIGN FROM YOUR MEMBERSHIP BEFORE ALL 12 PAYMENTS HAVE BEEN MADE

By ticking this box, you confirm you have read the above statement.

SIGNED DATE / /