

ST NEOTS GOLF CLUB

Crosshall Road, St Neots, Cambridgeshire PE19 7GE Telephone 01480 472363

Email office@stneotsgolfclub.co.uk
Website www.sngc.co.uk

APPLICATION FOR MEMBERSHIP

I (Full Name)	being eligible under the Rules of St Neots Golf Club,							
apply to be elected a	(delete as necessar	ary) FULL	./FIVE DAY/	SOCIAL	/ JUNIOR Men	nber.		
I have read and unde	erstood the content	s of the <u>E</u>	xtract from Clu	b Rules	below. My per	sonal de	tails are as follows:	-
Date of Birth							Male / Fema	ale
Address								
					Post Code			
Email Address	····							
Occupation								
Telephone No Mobile No								
Previous Club (if any)							
Current Handicap					(Plea	ise suppl	y handicap certificat	te)
Unique Lifetime ID (if	any)							
Signed (applicant)					Date			
Subscriptions and Lo of a newly elected more resign from the Club of which he will be lia	ember, the subscri shall give notice in	otion shal writing to	I be paid imme the Secretary	diately e on or be	lection is notifie	ed. A me	ember wishing to	
Office Use Only								
Bag Tag Given □	Dress Code		Mobile Policy		BRS Email		Starter Package	
Photo ID	Proof of Address		Photo for VI					
Swipe Card Number			Payment Me	thod				
Paid in full £	PDQ	· · · · · · · · · · · · · · · · · · ·	Cheque		Cash			
DD £	PDQ Ch	eque	Cash					