



# MEMBERSHIP APPLICATION FORM

## PLEASE SELECT MEMBERSHIP CATEGORY (for joint membership, please complete 2 forms):

- INDIVIDUAL 7 DAY   
  INDIVIDUAL 5 DAY   
  JOINT 7 DAY   
  JOINT 5 DAY   
  ADULT & CHILD  
 INT (30-34)   
  INT (26-29)   
  INT (22-25)   
  INT (18-21)   
  JUNIOR   
  FAMILY

FULL NAME: .....

ADDRESS: .....

COUNTY: ..... POST CODE: .....

HOME TELEPHONE: ..... MOBILE: .....

EMAIL: .....

DATE OF BIRTH: ..... OCCUPATION: .....

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

CURRENT / PREVIOUS CLUB: ..... MEMBERSHIP 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 tick the box to confirm you agree to your name, date of birth and email address being shared with England Golf for the purpose of maintaining your handicap via the World Handicap System.

**PLEASE NOTE THAT UPON PAYMENT YOU ARE AGREEING TO FOLLOW ALL CLUB RULES AND PAY ALL FEES DUE UNTIL YOU NOTIFY THE CLUB IN WRITING OF YOUR RESIGNATION. ALL MEMBERSHIPS ARE FOR 12 MONTHS.**

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"/>
Admin Fee (Sales): £25 <input type="checkbox"/>		Total Paid:
Subs amount paid upon joining (Membership):		Date:
Affiliation Fees (Sales): Men £23.40 <input type="checkbox"/> Ladies £21.00 <input type="checkbox"/>		Form of payment: