

Alsager Golf Country Club Membership application 2021-22

Application for Golfing Membership



Mr / Mrs / Miss / Ms	_____
Surname:	_____
First Name:	_____

Address	_____
Post Code	_____
Date of Birth	_____
Telephone Numbers	_____
Email address	_____
Current Handicap	_____
CDH Number	_____
Occupation	_____
Have you been an AGCC member previously?	YES / NO

Signed	_____
Date	_____

I wish to apply for annual membership of Alsager Golf & Country Club. I understand that I am committed to paying my annual fees in full for the year & will not be entitled to any refund if I decide to end my membership before the end of the 12 month period. I agree to abide by the terms & conditions of membership. By applying for membership you agree that we may contact you periodically with information relating to the club & your membership.

Annual payment	Payment method (please tick)	one off payment in full
	<input type="checkbox"/>	
Direct Debit payment	<input type="checkbox"/>	10 x monthly installments payable on 1st of each month

As a proposer of this person's application to join Alsager Golf & County Club, I sign below to agree that I am vouching for them, indicating that I am happy that they will fully comply with the rules of Golf and all etiquette of Alsager Golf & Country Club. I accept that as a member associated with this associated application, I may be subject to disciplinary action, as decided by the club council as a result of their actions.

Print Name	_____
Signed	_____
Date	_____

Club use:	
Total paid	Bar card No