



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:

HANDICAP INDEX: OR ESTIMATED: MEMBERSHIP OR iGOLF #:

CURRENT / PREVIOUS CLUB:

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. FULL TERMS & CONDITIONS ARE AVAILABLE ON OUR WEBSITE.

SIGNED DATE / /

IF PAYING MONTHLY, PLEASE COMPLETE [THE DIRECT DEBIT MANDATE](#)

STAFF USE ONLY:

Staff Initial:	Bag Tag given: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yearly / Monthly
Admin Fee (Sales): £50.00 <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: