



MEMBERSHIP APPLICATION FORM

PLEASE SELECT MEMBERSHIP CATEGORY:

- INDIVIDUAL 7 DAY
 INDIVIDUAL 5 DAY
 JOINT 7 DAY
 JOINT 5 DAY
 ADULT & CHILD
 INTERMEDIATE (26-29)
 INTERMEDIATE (22-25)
 INTERMEDIATE (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: 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 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 £18.00 <input type="checkbox"/>		Form of payment:	