



# CANONS BROOK GOLF CLUB

## MEMBERSHIP APPLICATION FORM

### MEMBERSHIP CATEGORIES

Please tick below the membership category you would like:

7 Day Member

Full Member (Aged 21-24)

Full Member (Aged 25-29)

5 Day Member

Member (Aged 19-20)

Full Name: .....

Address: .....  
.....

Tel No: Home ..... Mobile: .....

Date of Birth: ..... E-Mail: .....

Please tick this box if you are happy for Canons Brook Golf Club and Totally Golf to contact you by e-mail, so that we can keep you up to date with Club and Pro Shop News. Your details will not be passed onto any third party.

Have you recently left another Golf Club?: Y/N If yes, Name of Club: .....

Handicap (if any): ..... CDH No: ..... H/C Cert Attached: Y/N

Proposed By: .....

**I agree to be bound by the Memorandum and Articles of Association and they Bye-Laws of the Club.**

Clause 9 of the Memorandum and Articles of Canons Brook Golf Club Ltd,

**“Every Full, 6 Day and 5 Day Member of the Club undertakes to contribute to the assets of the Club, in the event of the same being wound up while he is a contracted Member, or within one year after he ceases to be a Member, for payment of debts and liabilities of the Club before he ceases to be a Member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves such amount as may be required not exceeding £10”.**

I, the undersigned, confirm that I will, in the event of my resignation, pay any Entrance Fees, Subscriptions or other Dues then outstanding.

Applicant’s Signature: ..... Date: .....

### For Office Use Only

Membership No:			Bar Card No:	
Payment Method:	<b>Cash</b>	<b>Cheque</b>	<b>Credit Card</b>	<b>Direct Debit</b>