

CLUB MEMBERSHIP APPLICATION

Title [Mr Mrs Miss] _____ Name [s] _____ Surname _____

Address _____

Postcode _____

Contact TELEPHONE _____ MOBILE _____

Contact EMAIL _____

DATE OF BIRTH DD _____ MONTH _____ *Year _____
 (*applicable if applying for Age Criteria Membership Type)
 I.D : Passport [] Driving License [] Other[specify _____]

Are you a past member of other golf club ? [] No [] Yes Are you currently a member of other club [] Yes
 DETAILS OF GOLF CLUB _____ Location: _____

HANDICAP (if applicable) CDH Number (if applicable)

MEMBERSHIP TYPE:

- FULL MEMBER 7-Day *5-Day 7-Day Age Criteria Specify Age
 7-Day Junior Age 14-17 years 7-Day Junior Under 13 years

- MEMBER 9-HOLE CANAL SIDE COURSE 7-Day *5-Day

*5-Day member Monday – Friday excluding public/bank holidays.

MEMBERSHIP TARIFF £ [] Paid ___/___/___ [] Finance application Deposit £

INCEPTION DATE ___/___/___ RENEWAL DATE ___/___/___

ACKNOWLEDGEMENT OF CLUB MEMBERSHIP APPLICATION :

I Hereby accept the following terms :

- Annual Club Membership is valid for 12-months and begins on inception date.
- Club Membership Fee is non-refundable and can not be #frozen# or suspended within the term.
- A “Rolling Membership” fee request is due on or prior to due date to qualify for renewal rate quoted.
- I accept If my club membership lapses, the current fee to re-join supersedes the renewal request fee.

Please tick the following if further information is required.

- [] How to obtain a handicap.
- [] Information concerning the world handicap system.
- [] I request a verification code to register as a club member on the Elite Live APP

SIGNED: PRINT

EMERGENCY CONTACT DETAILS

Please supply emergency contact details

NAME _____ Telephone _____

ADDRESS _____

Official Use

Membership Number

Bag Tag Issued: [] Annual Membership Sticker Issued: []

*Promotion – Capped rolling renewal for 24- months if joined by 31/08/2021