



MEMBERSHIP APPLICATION FORM

Please complete and return this form into golf reception at the time of joining

PERSONAL DETAILS

TITLE | MR / MRS / MISS
 SURNAME |
 FIRST NAME |
 ADDRESS |

 POST CODE |
 D.O.B. |
 TEL NO |
 MOBILE |
 EMAIL |
 GOLF HANDICAP (IF ANY) |
 PREVIOUS/CURRENT CLUB |
 REFERRED BY MEMBER |

MEMBERSHIP TYPE (PLEASE TICK)

GOLD SILVER BRONZE

UNDER 29 UNDER 27 UNDER 25 UNDER 23 UNDER 21

JUNIOR UNDER 18 JUNIOR UNDER 16 JUNIOR UNDER 12

ONCE YOUR MEMBERSHIP APPLICATION HAS BEEN PROCESSED YOU ARE ELIGIBLE TO USE THE FACILITY IN ACCORDANCE TO YOUR MEMBERSHIP CATEGORY.

TO PLAY IN CLUB COMPETITIONS YOU MUST ACHIEVE AN OFFICIAL GOLF HANDICAP AND ATTEND A NEW MEMBERS MEETING. THESE ARE HELD MONTHLY AND DATES CAN BE FOUND ON THE FIXTURE LIST.

MEMBERSHIP IS SUBJECT TO A MINIMUM TERM OF 12 MONTHS

ANY RETURNING MEMBERS MUST HAVE THEIR APPLICATION APPROVED AND SIGNED OFF BY A COMPANY DIRECTOR BEFORE MEMBERSHIP IS ACCEPTED

DECLARATION

I HEREBY AGREE TO BE BOUND BY THE RULES AND I OF THE CLUB.
(A copy of the rules is available at the clubhouse and can be accessed on the website www.wvgc.co.uk)

SIGNED | DATE |

APPROVED BY | DATE |

FOR OFFICE USE ONLY

COMMENCEMENT DATE |
 RECEIVED BY |
 TYPE OF MEMBERSHIP |
 ADDRESS CODE | MEMBER NO.....
 METHOD OF PAYMENT CASH / DIRECT DEBIT
 WELCOME PACK | YES / NO
 PHOTO | YES / NO
 LOCKER | YES / NO TROLLEY | YES / NO
 PAYMENT TAKEN | £