



MEMBERSHIP APPLICATION FORM

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

PERSONAL DETAILS

TITLE | MR / MRS / MISS

SURNAME | D.O.B. |

FIRST NAME | TEL NO |

ADDRESS | MOBILE |

..... EMAIL |

POST CODE | GOLF HANDICAP (IF ANY) |

PREVIOUS/CURRENT CLUB |

MEMBERSHIP TYPE (PLEASE TICK)

GOLD 7 DAY	<input type="checkbox"/>	GOLD 5 DAY	<input type="checkbox"/>	SILVER	<input type="checkbox"/>	BRONZE	<input type="checkbox"/>
INTER U29	<input type="checkbox"/>	INTER U27	<input type="checkbox"/>	INTER U25	<input type="checkbox"/>	INTER U23	<input type="checkbox"/>
INTER U21	<input type="checkbox"/>	JUNIOR GOLD	<input type="checkbox"/>	JUNIOR SILVER	<input type="checkbox"/>	JUNIOR BRONZE	<input type="checkbox"/>

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. YOUR MEMBERSHIP IS SUBJECT TO A 3 MONTH TRIAL PERIOD DURING AND FOLLOWING THIS YOU ARE REQUIRED TO ABIDE BY THE CLUBS CONSTITUTION*

* A copy of the CLUBS CONSTITUTION is available at the clubhouse on request and can be accessed on the website www.wvgc.co.uk

DECLARATION - I HEREBY AGREE TO BE BOUND BY THE RULES OF THE CLUBS CONSTITUTION

SIGNED | DATE |

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

APPROVED BY | DATE |

FOR OFFICE USE ONLY

COMMENCEMENT DATE | METHOD OF PAYMENT CASH / DIRECT DEBIT

RECEIVED BY | WELCOME PACK | YES / NO PHOTO | YES / NO

TYPE OF MEMBERSHIP | LOCKER | YES / NO TROLLEY | YES / NO

ADDRESS CODE | MEMBER NO..... PAYMENT TAKEN | £