

BEN RHYDDING GOLF CLUB

APPLICATION FOR MEMBERSHIP

To the Secretary

Date

I wish to apply for membership of Ben Rhydding Golf Club. I accept my membership record including my personal details will be held on computer file. Disclosure will be made in accordance of normal club practice and also for the purposes which the club's governing body decides are necessary.

Membership category – please tick appropriate box

- | | |
|--|---|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Six Day Member |
| <input type="checkbox"/> Intermediate Member | <input type="checkbox"/> Student Member |
| <input type="checkbox"/> Country Member | <input type="checkbox"/> Social Member |
| <input type="checkbox"/> Junior Member | |

NAME (in full).....Title.....

ADDRESS.....

POSTCODE..... DATE OF BIRTH.....

Telephone No - Home..... Business.....

E-Mail.....

Name of any Golf Club
of which you are or
have been a member..... Dates..... Handicap.....

I understand that if my application is approved by the committee I will be required to pay the following dues, in accordance with the club rules, before my name can be entered on the roll of members, or I can play the course as a member.

Entrance Fee:

Subscription:

Persons applying for membership (Male or Female, other than Junior or Social) must include a deposit of £50 with their application. The deposit will be deducted from the entrance fee when membership is offered. If the application for membership is withdrawn before an offer of membership is made or if the offer of membership is declined then the deposit is lost.

Signature of Applicant.....

Proposer.....(Signature){Print name}

Secunder.....(Signature).....(Print name)

How did you find us? Our Website Visit to club By a member As a visitor

Other means _____