



## MEMBERSHIP FORM

Please complete in BLOCK CAPITALS

NAME

DATE OF APPLICATION

ADDRESS

HANDICAP/CDH NUMBER

*(This must be supported by a handicap certificate)*

CATEGORY OF MEMBERSHIP APPLIED

Postcode

Email:

TELEPHONE No: (Inc. STD Code)

Home:

Business:

Mobile:

DATE OF BIRTH

OCCUPATION

PREVIOUS/PRESENT GOLF CLUB

**IMPORTANT:** The annual subscription becomes payable on 1st September. Members are offered the facility of paying the annual subscription in instalments.

A charge is imposed for those choosing to make payment by this method. Members who elect to pay the annual subscription by instalments are obliged, in any event, to pay all instalments.

A condition of your Membership of North Wilts Golf Club will be your agreement under the Data Protection Act to the Club recording these details.

SIGNATURE OF APPLICANT

*OFFICE USE ONLY*

DATE POSTED ON NOTICEBOARD:

DATE/TIME OF INTERVIEW:

INTRODUCED BY:

APPROVED BY

**When completed this form must be sent to the Secretary. It will be posted in the Clubhouse for the information of members**

North Wilts Golf Club, Bishops Cannings, Devizes, Wiltshire SN10 2LP

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