

APPLICATION FORM PUTTENHAM VILLAGE GOLF CLUB

To: The Secretary

The following particulars are confirmed to be correct:-

I wish to become a member of the Puttenham Village Golf Club and I hereby agree, if elected to become a member of the said Club, to be bound by the Memorandum and Articles of Association and the Bye-Laws of the Puttenham Golf Club Limited.

Full name	
Address	
	Postcode
Telephone No	
E-mail address	
Date of birth	
Profession/occupat	cion
Details of other Clu	ub Memberships
I have lived in Putt	enham or Wanborough since
My signature on this a by post, phone or em Village Golf Club. You	Date
	s personally known to us and we believe her/him to be a suitable person to be er of Puttenham Village Golf Club.
Proposer	(please print)
Seconder	
Date	

Note: Your membership could be terminated if you move away from Puttenham or Wanborough, however this will be at the discretion of the Committee. Please complete and return this form to Robert Snare, Elmhurst, Seale Lane, Puttenham, Guildford, Surrey GU3 1AX (tel 01483 810383)

Puttenham Golf Club Heath Road, Puttenham, Surrey GU3 1AL Tel: 01483 810498/Fax: 01483 810988



PUTTENHAM VILLAGE GOLF CLUB SUBSCRIPTION YEAR 2020/21

7 DAY MEMBERSHIP £1130

ENTRANCE FEE Waived

CLUB SWIPE CARD (optional) £125

EGU (MEN & LADIES) £19.50

TOTAL £1274.50

There are different subscription charges for those under 35 and these are calculated on an individual basis.

Email: enquiries@puttenhamgolfclub.co.uk Website: www.puttenhamgolfclub.co.uk