



HOLYWELL GOLF CLUB

Brynford, Holywell, CH8 8LQ
 Telephone: 01352 710 040 option 1
 Email: secretary@holywellgc.co.uk

MEMBERSHIP APPLICATION

Full Name:

Address:

Town: Post Code:

Tel. No: Mobile No :

E-mail:

I wish to apply for membership in the following category (please circle)

FULL 2ND Club 18-21 22-29 Golf Development SOCIAL JUNIOR

I agree to be bound by the rules and regulations of the club for the time being in force, and adhere to the terms and conditions of the Membership Category.

I agree that Holywell Golf Club may retain the information I provide on the understanding it is used for Club business and Management only, and that it will not be shared with anyone else.

I consent to being contacted by: post...phone...email...text (please delete as appropriate)

Signature..... Date.....

Date of Birth.....

If you are or have ever been a member of another Golf Club, please insert particulars below.

Name of Club: Handicap:

Membership fee to accompany this application form, cheques to be made payable to Holywell Golf Club.

Monthly Payments

I wish to pay the Entire Annual Subscription Due by monthly instalments and agree to set up the relevant standing order.

I understand that I am committed to paying the full fee and that my resignation will not be accepted until all monies due have been paid.

Signature.....Date.....

For H.G.C. use only

Date Received: Date Displayed:

Date of Acceptance:

Remarks:

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