



## Membership Application

APRIL 1ST 2015 TO MARCH 31ST 2016

Title \_\_\_\_\_ Surname \_\_\_\_\_  
Forenames \_\_\_\_\_ DOB \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

Do you hold any current Golf Club Membership(s)? YES/NO  
If yes, please name Club(s) & type of Membership \_\_\_\_\_  
Do you hold a current handicap? YES/NO If yes, please state & provide verification \_\_\_\_\_  
If handicap has lapsed, please state last held handicap and date held \_\_\_\_\_

### Please tick category of membership requested

<input type="checkbox"/> Full Member	Amount Pd £ _____
<input type="checkbox"/> Country Member	Amount Pd £ _____
<input type="checkbox"/> Colt Member. 19 – 25 Yrs	Amount Pd £ _____
<input type="checkbox"/> Junior Member. 11 – 18 Yrs	Amount Pd £ _____
<input type="checkbox"/> Sub Jnr Member. 10 Yrs & Under	Amount Pd £ _____
<input type="checkbox"/> <b>Less Joint Discount if applicable</b>	£ _____
<input type="checkbox"/> Golf Union of Wales Fees	Amount Pd £ _____
<input type="checkbox"/> Dyfed Golf Fees	Amount Pd £ _____
<input type="checkbox"/> Competition Levy	Amount Pd £ _____
	<b>Total Pd £ _____</b>

I (print name) \_\_\_\_\_ declare the above particulars to be correct and if admitted to membership will abide by the Constitution and Rules of Trefloyne Golf Club.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed application together with relevant payment to the address below.

The Proprietor reserves the right to refuse any application for membership to Trefloyne Golf Club.

THE PROPRIETORS ARE JK & JHM BEYNON (Partnership) Trading as TREFLOYNE.

### Credit/Debit Card Payment Information

Name On Card \_\_\_\_\_  
Card Number              
Valid From \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Issue No \_\_\_\_\_  
Security 3 Digit Code \_\_\_\_\_ Signature \_\_\_\_\_

### Office Use Only

Application Received \_\_\_\_\_ Signed \_\_\_\_\_  
Amount Received: £ \_\_\_\_\_  
Method Of Payment \_\_\_\_\_  
Date Processed \_\_\_\_\_  
New Membership Number \_\_\_\_\_