



Membership Application

APRIL 1ST 2016 TO MARCH 31ST 2017

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"/> Less Joint Discount if applicable | £ _____ |
| <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 £ _____ |
| | Total Pd £ _____ |

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 _____