



## Membership Application

APRIL 1<sup>st</sup> 2019 TO MARCH 31<sup>st</sup> 2020

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 \_\_\_\_\_