



Membership Application

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 the last held handicap and date held _____

Please tick category of membership requested

- Full Member Amount Pd £ _____
- Country Member Amount Pd £ _____
- Under 21 Country Member Amount Pd £ _____
- Young Adult Member 22-30 Years Amount Pd £ _____
- Student Member 17-21 Years Amount Pd £ _____
- Junior Member 11-16 Years Amount Pd £ _____
- Junior Member 10 Years & Under Amount Pd £ _____
- Other Amount Pd £ _____
- Less Joint Discount if applicable** £ _____
- Golf Union of Wales Fees Amount Pd £ _____
- Dyfed Golf Fees 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.

Office Use Only

Application Received _____ Signed _____

Amount Received: £ _____ Method Of Payment _____ Date Processed _____