

Filton Golf Club

1909-2009 Celebrating 100 years



Filton Golf Club
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APPLICATION FOR MEMBERSHIP

Full Name: _____ Title: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Occupation: _____

Telephone (Daytime): _____ (Evening): _____

(Mobile): _____ (E-Mail): _____

Details of existing / previous* Golf Club Memberships held _____

If previous Club – reason for leaving: _____

Handicap held YES / NO Exact Handicap _____ Current / Lapsed*

*If you have an inactive handicap we will require you to mark and hand in 3 score cards to the handicap & competition secretary.

I apply for Membership in the following category (please circle) 7 Day 5 Day Student Social

I acknowledge that:

1. Filton Golf Club has the right to refuse membership within its absolute discretion and that completion and submission of this form does not signify acceptance as a member.
2. Upon acceptance as a member I will be bound at all times by the Rules and Regulations of the Club.
3. Upon accepting an offer of membership I become immediately liable for the full joining fee and the balance of the current annual subscription and that upon renewal of Membership each year I become liable for the full years subscription.
4. Payment of joining fees and / or subscriptions by monthly instalments is at the discretion of the Club and if any instalment is not met then the whole of the outstanding balance of annual subscription and / or joining fee may be required to be met in full within 7 days.
5. Payment by instalments will attract an annual fee, which will be collected with the monthly instalments.
6. My membership details will be maintained on computer records for the administrative purposes of the Club.

I wish to pay my Annual Subscription by: Cash / Cheque / Direct Debit *

Signed:

Date: