



BRYN MEADOWS

GOLF · HOTEL · SPA

Membership Application Form

I hereby apply for the following category of membership of Bryn Meadows Golf Club

- | | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|----------------|--------------------------|
| Full | <input type="checkbox"/> | Senior | <input type="checkbox"/> | New2Golf Adult | <input type="checkbox"/> |
| Intermediate 18-24 | <input type="checkbox"/> | Intermediate 25-29 | <input type="checkbox"/> | | |
| Junior Academy | <input type="checkbox"/> | Full Junior | <input type="checkbox"/> | | |

Full Name..... Date of Birth.....

Home Address.....

Post Code.....Email.....

Home Number.....Mobile Number.....

Next of Kin.....Contact Number.....

Golf Clubs which I am or have been a member in the last 5 years, including most recent handicap and CDH number.

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By providing the above details you consent to Bryn Meadows Golf Club contacting you regarding club matters, if you would prefer not to be contacted by email then please leave blank. Details can be removed at any time upon request.

By signing this form, I confirm that I will accept the club's decision regarding my application for membership. If admitted I shall comply with the clubs Terms and Conditions.

Applicants Signature.....Date.....

For Office Use	
Membership Levy Included <input type="checkbox"/>	Membership Fee Paid..... Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/>
Golf Union of Wales Fees <input type="checkbox"/>	Direct Debit <input type="checkbox"/> Monthly Fee.....
Joining Fee <input type="checkbox"/> Fee.....	Membership Pack Issued <input type="checkbox"/>
Locker <input type="checkbox"/> Number....Fee.....	