

Application For Membership



Name: Age & Date of Birth:...../...../.....

Address:

..... Post Code:.....

Tel No Email Add:

If you have been a member of another golf club please advice:

.....Golf Club from to

Handicap Index on (date) CDH Number

Will Bedale Golf Club be your Home or Away Club

Please tick box for the Membership Category that you are applying for:

FULL	<input type="checkbox"/>	*AGE 26-35	<input type="checkbox"/>	AGE 19-21	<input type="checkbox"/>	UNDER 16	<input type="checkbox"/>	2 ND CLUB	<input type="checkbox"/>	COMMUNITY	<input type="checkbox"/>
AGE 26-35	<input type="checkbox"/>	AGE 22-25	<input type="checkbox"/>	AGE 16-18	<input type="checkbox"/>	FLEXIBLE	<input type="checkbox"/>	SOCIAL	<input type="checkbox"/>		<input type="checkbox"/>

* In Full time education

If we were recommended by anyone then by whom?.....

We would like to be able to correspond with you regarding our club activities including events and competition by way of telephone, email, SMS or as a last resort post.

Mobile Phone Email Post Professional

We may also wish to share your information with our professional and his staff, so that they may send you information about their products and services by email. If you agree to your information being shared in this way, please tick the box above.

Payment of subscription in full is required on application unless paying by direct debit. If paying by direct debit we ask for two months direct debit payments in advance and a direct debit mandate form must be completed and returned with an application form . Please see website for details of deposits and subscription fees.

Signed Dated

OFFICE USE ONLY

Membership Number

Card Number