

ASHBY DECOY GOLF CLUB



MEMBERSHIP APPLICATION FORM

Membership Type	Playing		Social		Practice & Social	
------------------------	----------------	--	---------------	--	------------------------------	--

Surname	First Names	Date of Birth
---------	-------------	---------------

Address (including postcode)		
------------------------------	--	--

Home	Mobile	Emergency Contact Name: Contact No:
------	--------	--

Email	Occupation
-------	------------

Previous Club	Handicap	CDH Lifetime ID (10 digit number)
---------------	----------	-----------------------------------

I agree / do not agree to my contact details being given to other Club members
I agree / do not agree to my contact details being used for ADGC communications
(Note: Junior members need Parent / Guardian signature)

Referred By

Please give the name of a current member who you feel would support you during your first 3 months as a member. If you do not know anyone, please leave blank.
--

Payment Method	In full <input type="checkbox"/>	Half-yearly £20 admin charge <input type="checkbox"/>	Standing Order £40 admin charge <input type="checkbox"/>
-----------------------	----------------------------------	---	--

Members are reminded that by joining the scheme they are agreeing to pay the full annual membership fee.

The Management Committee will take all necessary steps to recover outstanding debts.

Ashby Decoy Golf Club reserves the right to use a debt collection agency to collect outstanding balances owed to them.

Signature	Date
-----------	------

Please note that in the event of your application being refused, you do have the right of appeal to the membership.
Please refer to Club Rules for further information.

ASHBY DECOY GOLF CLUB



MEMBERSHIP APPLICATION FORM

OFFICE USE ONLY

	Date
Welcome Pack Issued	
Bag Tag Issued	
Swipe Card Issued	
Swipe Card Number	
Locker Issued	
Locker Number	
Rule Book Issued	
Introduction to Pro	
Club V1 Record	
Referral Fee	
Email Notification	

Membership Category	
Subs	£
LUGC	£
Locker	£
Admin Fee	£
TOTAL	£

PAYMENT METHOD

Paid in Full	£	Date
--------------	---	------

Half-Yearly

1 st Payment	£	Date
2 nd Payment	£	Due

Monthly (Standing Order)

1 st Payment	£	Date
9 Further Payments	£	Day / Month