

ASHBY DECOY GOLF CLUB



MEMBERSHIP APPLICATION FORM

Membership Type	Playing		Social		Practice & Social	
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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)
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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.
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Payment Method	In full <input type="checkbox"/>	Half-yearly £20 admin charge <input type="checkbox"/>	Standing Order £40 admin charge <input type="checkbox"/>
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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
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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
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Half-Yearly

1 st Payment	£	Date
2 nd Payment	£	Due

Monthly (Standing Order)

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



Scheduled Payments

Half Yearly - Half yearly payments are subject to an administration charge of £20.00.

10 Month Standing Order - There is also the option for members to pay their subscription via a 10 month Standing Order, which is subject to an administration charge of £40.00.

Scheduled Payment Application - To use the facility, you must be over 18 years old and hold a UK Bank or Building Society Current account, which can support Standing Order. To join the scheme, complete this application and return to the Ashby Decoy office.

Title		Address (including postcode)
First Name		
Last Name		

Payment Schedule - Half Yearly			1 st Payment on application	2 nd Half-year Payment
A	Annual Subscription:	£	£	£
B	LUGC	£	£	
C	Administration Charge	£ 20.00	£ 20.00	
D	Other Charges (specify)	£	£	
Total due			£	

Payment Schedule - Monthly			1 st Payment on application	9 x Monthly Payments of
A	Annual Subscription:	£	£	£
B	LUGC	£	£	
C	Administration Charge	£ 40.00	£ 40.00	
D	Other Charges (specify)	£	£	
Total due			£	

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.

By joining this Scheme, I agree to pay the full annual membership fee	Signed:	Date:
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Ashby Decoy Golf Club



STANDING ORDER DETAILS

Please complete online or take this completed form to your bank for processing.

Account to be DEBITED (member)	
Bank	
Sort Code	
Account Number	

Account to be CREDITED (Golf Club)	
Bank	Yorkshire Bank, Scunthorpe
Sort Code	05-07-52
Account Number	28351461
Reference (Members Name)	

Payment Schedule	
TOTAL amount payable	£
Number of payments @ £..... per month
1 st payment of	£
to be made on the (day)
of (month)
Last payment of	£
to be made on the (day)
of (month)



ASHBY DECOY GOLF CLUB - JUNIOR SECTION

Communications Disclaimer

With your permission, on occasions we may be asked to give out your contact details to other members of the Club, for the purpose of arranging games etc.

Please circle your preference below

YES I give permission for my contact details to be given out to Club members

NO Do not give out my contact details to Club members

Print Name:

Signed: Date:

Email Address:

Work Telephone Number:

Further Information:

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Locker Room and Lockers Disclaimer

Please ensure that you have adequate insurance. The Club cannot accept any responsibility for loss or damage to any personal possessions left in the lockers or locker rooms.

Please sign below to confirm you accept the conditions of this disclaimer.

Name:

Sign: Date:

Please note that all juniors will share the locker room with adult men and adult women



Parents' Statement of State of Medical Health of Junior Players in their Family

Full Name of Junior:

Date of Birth: Tel No: Hcp:

Is your child in good health? - YES / NO

Please state below if your child is suffering from any medical condition, or is taking regular medication which will affect his/her participation in any events organised by the Club. Details of medication should include dosages and frequency of use.

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Does your child suffer from any of the following:

ASTHMA DIABETES MIGRAINE

Comments:

Date of Last Tetanus Injection:

Family Doctors Name: Tel No:

Does your child have any food allergies or special dietary needs?

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Please detail if there are any other circumstances that the Club should be aware of which may relate to our care of your child.

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In the unlikely event of my child requiring medical treatment due to an accident or sudden illness, I consent to my child receiving medical treatment which in the opinion of a fully qualified medical practitioner is necessary.

Parent / Guardian

Parent / Guardian

Signature: Signature:

Full Name: Full Name:

Emergency Contact No: Emergency Contact No:



Juniors Section - Travel Consent

When I am unable to transport my child either TO and/or* FROM any golfing event connected with the Junior Fixtures of the club, we agree to them travelling, WITH/WITHOUT OTHER JUNIORS* in the car of any appropriate Junior Organisers.

Name of Junior: Age:

Parent / Guardian

Parent / Guardian

Signature:

Full Name: Full Name:

Emergency Contact No: Emergency Contact No:

Juniors Section - Photography Consent

In line with recommendations for child protection, the Junior Organisers require permission before any photographs of your child are taken.

Name of Junior: Age:

I consent / do not consent to the taking of photographs

Parent / Guardian

Parent / Guardian

Signature:

Full Name: Full Name:

Emergency Contact No: Emergency Contact No: