



Swaffham Golf Club
 Cley Road
 Swaffham
 Norfolk
 PE37 8AE
 Tel: 01760 721621 ~ Option 2 Office & Club Manager
 Option 4 Pro Shop
 Option 3 Bar & Catering

E – Mail: manager@swaffhamgc.co.uk
www.club-noticeboard.co.uk/swaffham

SWAFFHAM GOLF CLUB

APPLICATION FOR MEMBERSHIP (1st April 2014 – 31st March 2015)

(TO BE COMPLETED IN BLOCK CAPITALS)

I WISH TO APPLY FOR (State Category) MEMBERSHIP OF SWAFFHAM GOLF CLUB (see attached membership categories & details) AND IF ACCEPTED I AGREE TO BE BOUND BY THE RULES AND CONDITIONS OF THE CLUB INCLUDING ALL BY- LAWS DURING THE TERM OF MY MEMBERSHIP.

APPLICANTS FULL NAME:

ADDRESS:

POST CODE: TELEPHONE No:
 MOBILE / BUSINESS No:

E – MAIL ADDRESS:

OCCUPATION: DATE OF BIRTH:

I HAVE / HAVE NOT, PREVIOUSLY BEEN A MEMBER OF A GOLF CLUB.

NAME OF PREVIOUS CLUB: HANDICAP:

PROPOSED BY: Name: Signature:

SECONDED BY: Name: Signature:

A GOLF CLUB LETTER OF RECOMMENDATION AND HANDICAP CERTIFICATE WILL BE ACCEPTED FROM APPLICANTS WITHOUT A PROPOSER OR SECONDER.

GREEN FEES MUST BE PAID UNTIL THE APPLICANT IS ACCEPTED AS A FULLY PAID UP MEMBER UNLESS PLAY IS AUTHORISED BY THE CLUB MANAGER IN ADVANCE.

NO REFUNDS OF ANY FEES OR SUBSCRIPTIONS WILL BE MADE IN ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT: DATE:

Office Use Only

Subs:	£	Payment Method: Chq/Cash//S/order	Standing Order Monthly Payment £
Affiliation Fee:	£		
S/O Fee	£	C/Card or D/Card	Banked on:
TOTAL:	£		

Actioned by: Tee booking _____

Date: Club 2000/Invoice _____