

LYDNEY GOLF CLUB



APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

POST CODE _____ DATE OF BIRTH _____

HOME TEL _____ MOBILE TEL _____

E-MAIL _____

PLEASE TICK TYPE OF MEMBERSHIP RQUIRED

30 +	£399	<input type="checkbox"/>	COUNTRY	£175	<input type="checkbox"/>
26 - 30	£265	<input type="checkbox"/>	OVERSEAS	£145	<input type="checkbox"/>
18 - 25	£165	<input type="checkbox"/>	SOCIAL	£15	<input type="checkbox"/>
UNDER 18	£0	<input type="checkbox"/>			<input type="checkbox"/>

Option to pay by instalments is available through the Secretary

PROPOSED BY:

SECONDED BY:

Name _____

Name _____

Signature _____

Signature _____

DECLARATION

I will read the Club Rules which shall be provided via email or hard copy. I agree to abide by them.

Signed _____

Dated _____

Please return this form to
Jon Mills, 4 Lakeside Avenue, Lydney, Glos, GL15 5PY
Telephone 01594 841186 E-Mail jongerrymills@talktalk.net