

Seckford Golf Club

Membership Application



PLEASE COMPLETE IN **BLOCK LETTERS**

FIRST NAME(S) DATE OF BIRTH

SURNAME TEL.NO'S:
HOME

ADDRESS BUSINESS

..... MOBILE

..... EMAIL

POST CODE Male / Female (circle as appropriate)

IF A PAST/CURRENT MEMBER OF ANOTHER GOLF CLUB PLEASE GIVE DETAILS AND HANDICAP, IF ONE IS HELD:

CLUB:..... HANDICAP:

DO YOU WISH TO HOLD THIS HANDICAP AT SECKFORD? YES / NO

TYPE OF MEMBERSHIP: (circle as appropriate)

7 Day	5 Day	Intermediate	Family Adult
7 Day Joint	5 Day Joint	Student	Family Junior
Junior Under 14	Junior 14 - 18	Range	Trial

I HEREBY APPLY TO BE A MEMBER OF SECKFORD GOLF CLUB AND IF MY MEMBERSHIP IS ACCEPTED I WILL FORTHWITH PAY THE JOINING FEE AND ANNUAL SUBSCRIPTION BY:

SINGLE PAYMENT **INSTALMENT PLAN*** (circle as appropriate)

*IF HAVING ELECTED TO PAY BY THE INSTALMENT PLAN, I DO SO IN THE FULL KNOWLEDGE THAT I WILL BE COMMITTED TO MEETING ALL TWELVE PAYMENTS PER YEAR, EVEN IF I CANCEL MY MEMBERSHIP BEFORE ALL THE PAYMENTS HAVE BEEN MADE.

I AGREE TO BE ABIDE BY THE RULES OF SECKFORD GOLF CLUB AND UNDERSTAND THAT THE MANAGEMENT RESERVE THE RIGHT TO CANCEL MY MEMBERSHIP (WITHOUT REFUND) IF I DO NOT ADHERE TO THE RULES.

SIGNED: Date

OFFICE USE ONLY	DATE	INITIALS
Application accepted		
Membership Information Entered		
Entered on BRS System		
Entered on Range System		
New Members Pack Sent		
Payment and Finance Updated		
Coaching Card Subsidy Issued		
Membership Number		
Members Card Number		
Partner/Family		
Initial Password for BRS		