

LLANYMYNECH GOLF CLUB

PANT Nr. OSWESTRY SHROPSHIRE SY10 8LB

Telephone – Clubhouse: 01691 830542

Secretary: 01691 830983

Web Site www.llanymynechgolfclub.co.uk



I, (Full Name) Dr / Mr / Mrs / Miss

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Wish to become a member of Llanymynech Golf Club, and I agree, if elected to become a member of the said club, and be bound by the rules thereof.

Signature of Candidate

Date

Full Address

.....

.....

Post Code

Telephones Home

Work

Type of membership

(Types of membership, current subscriptions and entrance fees may be found displayed in the Club House)

Date of Birth

Name of Previous Club

Present Handicap (Certificate to be forwarded)

Proposer

Seconder
(Management Committee Member)

(The Proposer and Seconder may be held responsible for the conduct of the new member.)
Application for Membership will be considered by the Management Committee as set out in the Club Rules.

A NON-REFUNDABLE DEPOSIT OF £25:00 MUST ACCOMPANY THIS FORM.
This amount will be deducted from the entrance fee or subscription when the applicant is elected to membership.