

NAZEING GOLF CLUB APPLICATION FOR MEMBERSHIP

I/We apply for membership of the Nazeing Golf Club.

I/We agree to be bound by the rules of the Club.

I/We understand and agree that *my/our first year playing subscription will become payable upon *my/our application for membership being approved by the Committee.

Each year *I/We will have a guaranteed opportunity to renew *my/our membership at the then current rates.

The Directors reserve the right to refuse renewal of membership without question.

Delete as applicable.

NAME (FULL)

DATE OF BIRTH

HOME TEL:

EMAIL ADDRESS:

BUSINESS TEL:

OCCUPATION:

ADDRESS:

CATEGORY OF MEMBERSHIP REQUIRED

For Joint application, partners (and children for 7 day Members only)

..... Date of Birth.....

..... Date of Birth.....

.....

.....

GOLFING DETAILS

Present Golf Club Handicap

Previous Golf Clubs Handicap

Committee position held

Signed Dated

Please return to:ROBERT GREEN, PGA Professional
NAZEING GOLF CLUB,
MIDDLE STREET,
NAZEING, ESSEX EN9 2LW
Telephone No: 01992 893798/893915
Fax No: 01992 893882