



**WELLS**  
GOLF CLUB

# APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

SURNAME: \_\_\_\_\_ **MR/MRS/MISS/MS/other**

DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

## CONTACT DEATILS

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_

MOBILE TEL NO: \_\_\_\_\_

## GOLF & HANDICAP INFORMATION

CLUB: \_\_\_\_\_

HANDICAP: \_\_\_\_\_

CDH NUMBER: \_\_\_\_\_

Is WELLS to be HOME club for handicap? **YES / NO**

*If you are **moving** from another club please let them know so that your handicap can be set up at Wells.*

**How did you find us?** Website/advert/newspaper  Word of mouth  Other means   
Recommended by member  who? \_\_\_\_\_

**CATEGORY OF MEMBERSHIP** \_\_\_\_\_ Full/Senior/Country/Junior etc

### FEES

Subscription	Affiliation fees £20	Swipe Card £20	Total	BACS/CC/CHQ/DD
£	£		£	

Please submit to the office or Professional's Shop.

### FOR OFFICE USE:

CLUB V1/BRS:		IG:		Swipe Card		Issue date	
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