



WELLS
GOLF CLUB

APPLICATION FOR JUNIOR MEMBERSHIP

DATE: _____

FIRST NAME(S):

SURNAME:

DATE OF BIRTH:

CONTACT DEATILS

ADDRESS

POST CODE

E-MAIL ADDRESS:

HOME TEL NO:

MOBILE TEL NO:

PARENT/GUARDIAN NAME

TELEPHONE NUMBER

GOLF & HANDICAP INFORMATION

CURRENT/PREVIOUS CLUB:

CURRENT/PREVIOUS
HANDICAP:

CDH NUMBER:

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

FEES

Subscription BLUE/RED	Affiliation fees		Total	BACS/CC/CHQ/DD
	Boys £10	Girls £20		
£	£		£	

Please return to the office or Professional's Shop.

FOR OFFICE USE:

CLUB V1/BRS:		IG:		Swipe Card		Issue date	
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