



PAINSWICK GOLF CLUB

Golf Course Road • Painswick • Gloucestershire • GL6 6TL
Telephone: (01452) 812180

APPLICATION FOR MEMBERSHIP

I wish to apply for (tick appropriate box)

Full Membership 5 Day Membership Country Membership
Family Membership Junior Membership

Present Club:

Current Handicap Active CHD No..... InActive

If this application is approved, I understand that my first subscription, together with the joining fee, will become payable in full. If elected, I agree to abide by all current and future rules of the Club and to supply written proof of my current handicap.

Signature: **Date:**

Surname:.....Initials:First Name:

Address:

.....

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Date of Birth:..... Home Telephone No:

Email address:

In our opinion the Applicant is trustworthy and suitable to become a member of Painswick Golf Club. We confirm that to the best of our knowledge the particulars shown are true and correct.

Introducer's Signature: Name:

PLEASE NOTE THAT PLAY IS NOT PERMITTED ON PAINSWICK GOLF COURSE AFTER 2PM ON SUNDAYS.

Please return this form together with the appropriate fee to

**A. Cale (Hon. Treasurer)
Painswick Golf Club
Golf Course Road
Painswick,
Glos. GL6 6TL**