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PAINSWICK GOLF CLUB

Golf Course Road • Painswick • Gloucestershire • GL6 6TL Telephone: (01452) 812615

APPLICATION FOR MEMBERSHIP

I wish to apply for (tick appropriate box)

Full Membership …………………… Country Membership. ………………………

Intermediate Membership

12 and Under 13 – 14 15 - 16

17 – 18 19 – 22 23 - 25

26 - 30

Special Offers (please state source) ………………………. Affordability Discount □

Present Club: ………………………………………. CDH Number: .................................................

Current Handicap: Active/Inactive ………………………………….

If this application is approved:

(i) agree to supply written proof of any current handicap I may hold,

(ii) understand that my first subscription will become payable in full, and

(iii) undertake to abide with the Rules of the Club as amended by the members of the Club from time to time.

Signature: Date: ………………………………………….

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

Address: ………………………………………………………………. Postcode: ..............................

Date of Birth: Home & Mobile Telephone No: ………………………

Email address: …………………………………….

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

Bank details: Lloyds Bank plc: Sort Code 30-98-29 Account No 00863636

Please return this form together with the appropriate fee to:

Ann Smith (Hon. Secretary), Painswick Golf Club, Golf Course Road, Painswick, GLOUCESTER, GL6 6TL