

Membership Application Form



Title..... Name in Full.....

Address.....

.....Postcode.....

Telephone (Home).....(Business).....(Mobile).....

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

Full Time Student Particulars.....

* Previous / Present Golf Club.....

(delete as applicable)

Handicap.....

TYPE OF MEMBERSHIP REQUIRED

Please indicate your choice of Membership

	5 Days	7 Days			
Full Membership	[]	[]		Annual Subscription	[]
			or	Monthly Subscription	[]
Associate Membership	[]	[]			
Registered Membership		[]			
Junior Membership		[]			
Student Membership		[]			
Social Membership		[]			

I apply for membership of the club and I agree to abide by the Club Rules and the terms and conditions of membership set out therein.

Signature.....

Date.....

* Please note that an application for is required for each individual.*

Membership Application approved Yes / No

Captain.....

Commencement Date.....

Company.....

Mendip Spring Golf & Country Club, Honeyhall Lane, Congresbury, North Somerset BS49 5JT
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 Email: info@mendipspringgolfclub.com