

WREKIN GOLF CLUB



MEMBERSHIP APPLICATION 2018 – 2019

Please complete the form in **BLOCK CAPITALS** & return to:

THE SECRETARY, WREKIN GOLF CLUB LTD, ERCALL WOODS, GOLF LINKS LANE, WELLINGTON, TELFORD. TF6 5BX

Title	Mr / Mrs / Ms / Miss / other (delete as appropriate)
First name (s)	
Surname	
Address	
Postcode	
Posicode	
Mobile number	Home number -
Email address	
Date of birth	
Membership Category	
Previous golf club(s)	
Name of other Golf Club(s)	
(if remaining a member)	
State your 'home' club for handicap?	
CDH number if allocated	
Current handicap	Exact - Playing -
Date when last active?	
On ioining. I agree to abide t	by & comply with the Memorandum, Articles of Association, Rules,
Regulations & Bye-Laws of V	
40011044170	
APPLICANTS	DATE



WREKIN GOLF CLUB



Membership Terms & Conditions from January 2019.

All Membership Categories excluding Trial are for a 12 month period from the month of joining.

Lifestyle Membership is by a one off payment

Trial Membership Categories are by a one off payment

Direct debit instalments are paid via 10 payments for a 12 month membership period.

Payments are due on the 15th of each month.

All memberships except Trial are for a 12 month period. Any member wishing at any time to resign their membership or withdraw from the Club, shall be required to give written notice to that effect to the Secretary one full calendar month prior to their anniversary renewal and ensure that all subscriptions and other monies due are paid in full to the end of the applicable membership term.

In default of such notice, such member shall be liable to pay his/her subscription for the following year.

I have agreed to the terms and conditions as set out above					
APPLICANTS SIGNATURE					
APPLICANTS NAME (BLO	OCK caps)		DATE		
Signed on behalf of WREKIN GOLF CLUB					
Office use					
Membership Pack		County Card			
Gold Card number		Fixture Book			
Bag Tag		BRS Registration			
DDI		MGM Recipient			
Payment schedule		MGM Value			