



WELWYN GARDEN CITY GOLF CLUB

# APPLICATION FOR MEMBERSHIP

(PLEASE COMPLETE IN BLOCK CAPITALS)

Category applied for:- 7 Day  5 Day  Intermediate  Junior   
Country  Overseas  Social

Full Name.....

Address.....

.....

..... Post Code.....

Telephone Home..... Mobile.....

E-Mail Address.....

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

Previous Golf Club(s)..... Handicap.....

CDH Number (if known).....

<p>How Did You Hear About Us?</p> <p>Social Media <input type="checkbox"/> Search Engine <input type="checkbox"/> Visited WGCGC Before <input type="checkbox"/> Local Advert <input type="checkbox"/></p> <p>Current WGCGC Member <input type="checkbox"/> Other.....</p> <p>If so, Member Name.....</p>
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I apply to become a member of Welwyn Garden City Golf Club and agree that, should I be elected as a member of Welwyn Garden City Golf Club Limited, will be bound by the Memorandum, Articles of Association and the Rules of the Club.

I have read and understood all the terms and conditions of membership

Please tick to confirm that you wish to receive important communications from the club

Signature..... Date.....

Signature of Parent/Guardian if applying for Junior Membership.....

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For Office Use Only

Joining Date..... Membership Number..... Card Number.....