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APPLICATION FOR MEMBERSHIP 2012

PLEASE COMPLETE IN BLOCK CAPITALS

FULL NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

MALE/FEMALE (DELETE AS APPROPRIATE) _____

DATE OF BIRTH _____

E-MAIL ADDRESS (IF ONE) _____

PAST CLUB (IF ANY) _____

HANDICAP (IF CERTIFICABLE) _____

I WISH TO APPLY FOR MEMBERSHIP AT WERNDU GOLF CLUB

I HAVE READ THE RULES OF MEMBERSHIP AND AGREE TO ABIDE BY THEM AT ALL TIMES

SIGNED _____ DATE _____

PROPOSED BY _____ MEMBERSHIP NUMBER _____

PLEASE RETURN THIS FORM WITH TWO PASSPORT SIZE PHOTOGRAPHS.
ALL CHEQUES MUST BE MADE PAYABLE TO WERNDU GOLF CLUB.

STANDING ORDER FORMS ARE AVAILABLE ON REQUEST.

WERNDU GOLF CLUB HAS THE RIGHT TO REFUSE AN APPLICATION AND NO REASON NEED BE GIVEN.