



MEMBERSHIP

Rutland's premier golf complex

APPLICATION FORM 1 April 2018 to 31 March 2019

I WISH TO APPLY FOR MEMBERSHIP OF GREETHAM VALLEY GOLF CLUB

Title First name Surname

Address

Postcode..... Email.....

Tel (home) (work) (mobile)

Present/Previous Club..... Present/Previous Club Handicap & CDH no.....

Signature Date of Birth

I confirm that I have received and read the Health & Safety Information and Club Rules and agree to abide by them

MEMBERSHIP TYPE REQUIRED (please circle)

7 Day 5 Day Intermediate Junior LifeStyle Adult Academy Junior Academy

+Gym - if Gym as well as Golf is required, please circle golf category preferred & complete Gym Membership forms

GREETHAM VALLEY GOLF CLUB RESERVES THE RIGHT TO DECLINE ANY APPLICATION

For Office Use

- Entered on ESP
- Entered on Card

INTRODUCED BY.....