

Golf Membership Application Form

For Official Use Only _____

Membership No. _____

Name: Mr / Mrs / Miss / Ms / Dr _____

Home Address _____

Company Name (if applicable) _____

Business Address (if applicable) _____

Post Code _____

Home Tel _____

Work Tel _____

Mobile Tel _____

Email _____

Occupation _____

Post Code _____

Business Tel _____

Business Email _____

Date of Birth _____

Type of Membership

- 7 Day
- 5 Day
- Corporate
- Over 75
- Start 2 Play
- 6 week PAR 3

Administration

Joining fee applicable Yes No
Joining fee £ _____

Membership dues

Annual payment £ _____
Total initial payment £ _____

Name of member proposing: please print _____

I confirm that my relationship to the applicant is: _____

Signed: _____ Date: _____

Joining Date ____/____/____ Membership Start Date ____/____/____ Fairway Credit Start Date ____/____/____

Name of any previous Golf clubs or Society's of which you have been a member _____

Official Handicap _____

1. I agree to the payment terms outlined above and on the Fairway Credit Application Form, failure to adhere to the agreed payment schedule may result in membership of Formby Hall Golf Resort & Spa being terminated and any future application being declined
2. I agree to follow the Club Rules set out in the Members Constitution and understand that I am responsible for any guests that I invite to the Club, failure to follow these rules may result in membership of Formby Hall Golf Resort & Spa being terminated and that all of the information given above is correct.

Signature _____ Date _____