

Application for Membership

I, (Full name) Dr/Mr/Mrs/Miss
(If more than 2 Christian names, please underline your choice)

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Wish to become a member of Llanymynech Golf Club and I agree to be bound by the rules of the club thereof.

Signature of Candidate.....

Date

Full address

.....

Post Code

Telephone – Home

Mobile

E-mail address

Type of membership

Eg . Full/Country/Social

Date of birth

Previous Clubs(if any).....

and Handicap

Do you know a member of Llanymynech Golf Club Yes/No

If yes, please provide name

If no, please contact Secretary on 01691 830983