



# APPLICATION FOR MEMBERSHIP 2018

## APPLICANTS DETAILS:

MR/MRS/MS: ..... OCCUPATION: .....  
SURNAME: .....  
FIRST NAME(S): ..... TELEPHONE NO. ....  
ADDRESS: ..... HOME: .....  
..... MOBILE: .....  
POST CODE: ..... EMAIL: .....  
DATE OF BIRTH: ..... NEXT OF KIN: .....

## MEMBERSHIP CLASSIFICATION APPLIED FOR: (TICK AS APPROPRIATE)

<p><b>INTERMEDIATES</b> NO JOINING FEE</p> <p><i>SUBSCRIPTION</i></p> <p><input type="checkbox"/> INTERMEDIATE 1 AGE 18-23 £195</p> <p><input type="checkbox"/> INTERMEDIATE 2 AGE 24-29 £355</p> <p>INSURANCE £3</p>	<p><b>MEMBER - 7 DAY, 5 DAY</b> NO JOINING FEE</p> <p><i>SUBSCRIPTION</i></p> <p><input type="checkbox"/> 7 DAY £645</p> <p><input type="checkbox"/> 5 DAY £581</p> <p>INSURANCE £3</p>	<p><b>JUNIORS</b> NO JOINING FEE</p> <p><i>SUBSCRIPTION</i></p> <p><input type="checkbox"/> JUNIOR UNDER 18 £80</p> <p>INSURANCE £3</p> <p><i>PARENTS SIGNATURE:</i> .....</p>
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## HANDICAP INFORMATION / MEMBERSHIP OF OTHER CLUBS:

PRESENT CLUB: .....  
CURRENT HANDICAP: .....  
PAST CLUB: .....  
PREVIOUS HANDICAP: .....

## SIGNATURES:

DATE: ..... SIGNATURE OF APPLICANT: .....  
PROPOSER: ..... SIGNATURE OF PROPOSER: .....

## COMPLETED APPLICATION FORMS ARE TO BE RETURNED TO:

MR. LES FOWLER (MEMBERSHIP SECRETARY)  
69 COPPICE ROAD, POYNTON, STOCKPORT, SK12 1SL Tel: 01625 876780 Email: lesf69@talktalk.net

## INTERNET APPLICATION FORM:

PLEASE NOTE YOU CAN APPLY FOR MEMBERSHIP ON THE INTERNET AT [www.avrogolfclub.co.uk](http://www.avrogolfclub.co.uk)