

CLWB GOLFF GLYNHIR GOLF CLUB



APPLICATION FOR MEMBERSHIP

I wish to apply for FULL JUNIOR COLT (18 – 24 years) SENIOR COLT (25 – 30 years)
 FLEXIBLE COUNTRY STUDENT JUNIOR membership of GLYNHIR GOLF CLUB

NAME (in full) Mr/ Mrs/Ms/ Miss _____
(BLOCK CAPITALS)

DATE OF BIRTH (*Proof is required for Colt Membership*) _____ Occupation _____

ADDRESS _____

_____ Post Code _____

Telephone Number _____ Mobile Tel No. _____

E-Mail _____

I am/was a member of _____ Golf Club Present Handicap _____

I undertake to observe and abide by the rules of the club.

Signed _____ Date _____

IN THE CASE OF JUNIOR APPLICATIONS:

As Parent / Guardian, I accept responsibility for the Junior Applicant

Signed _____ Date _____

Please return to the Secretary together with proof of age (if applicable)
Glynhir Golf Club, Glynhir Road, Llandybie, Ammanford, Carmarthenshire SA18 2TF
Tel No. 01269 851 365