

# CLWB GOLFF GLYNHIR GOLF CLUB



## APPLICATION FOR MEMBERSHIP

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

*All FULL and COLT members must hold a GILD Bond for £50  
The GILD Bond is refundable if membership has been held for a minimum of 5 consecutive years*

**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** \_\_\_\_\_

If elected to become a member, I undertake to observe and abide by the rules of the club.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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### IN THE CASE OF JUNIOR APPLICATIONS:

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

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We, the undersigned, as Full / Senior members of longer than two years standing, recommend the above application.

Proposer Signature \_\_\_\_\_ Address \_\_\_\_\_

Block Capitals \_\_\_\_\_

Seconder Signature \_\_\_\_\_ Address \_\_\_\_\_

Block Capitals \_\_\_\_\_

Received \_\_\_\_\_ Exhibited \_\_\_\_\_ Passed \_\_\_\_\_

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*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