

Haverfordwest Golf Club

Arnolds Down, Haverfordwest,
Pembrokeshire, SA61 2XQ
ADMINISTRATOR: Mike Foley,
Telephone: 01437 764523
Facsimile: 01437 764143

~ APPLICATION FOR MEMBERSHIP ~

**An application cannot be considered without being accompanied by the appropriate fees.
In the event that the application is not accepted, any fees so paid or signed Standing Order will be returned.
Subscription and entrance fees are as stated on the Club's current rate card.
The notes on the rate card should be read in conjunction with this application.**

TO: The Administrator,

Dear Sir,

I wish to become a member of the Company known as the Haverfordwest Golf Club Ltd and hereby agree, if elected, to be bound by the Memorandum and Articles of Association, the Bye-Laws of the Company, and any other Rules that may be in force from time to time.

FROM: Title: _____ Initials: _____ Forename: _____ Surname: _____

Address: House No/Name _____
Street _____
District _____
Postal Town _____
County _____ Post Code _____
Phone No: Home(incl STD) _____ Work(incl STD) _____
Mobile: _____ Email: _____
Profession/Occupation: _____ Date of Birth: _____

Type of Membership required: (Full) (Country) (Colt) (Student) (Junior) (Social) - delete as appropriate

State Previous Club(if any): _____ Handicap: _____

Applicants for Country Membership must complete:

I am a current full paying member of _____ Golf Club and this is my Home Club.

Applicants for Student Membership must state Name & Address of the establishment where you are receiving FULL time education. Age limit for Student members is 25 years _____

I attach the appropriate fees/I attach a completed Standing Order application form* Please see note on rate card

Signed _____ Date _____

~ RETURN THE COMPLETED FORM WITH YOUR REMITTANCE TO THE ADMINISTRATOR ~

For Office use:	DD:	Chq/cash	Member No:	BOD:	APP	RFD
Effective Date:		Letter:	Bag Tag:	Card Requested:		