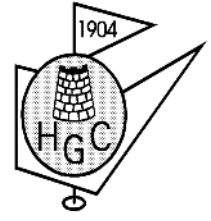


**Haverfordwest Golf Club**  
 Arnolds Down, Haverfordwest,  
 Pembrokeshire, SA61 2XQ  
**ADMINISTRATOR: Mal Davies,**  
 Telephone: 01437 768409. Opt1  
 Facsimile: 01437 764143



**~ 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: \_\_\_\_\_ Forename: \_\_\_\_\_ Initials: \_\_\_\_\_ 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 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:			

