

MACCLESFIELD GOLF CLUB LTD.

APPLICATION FOR MEMBERSHIP 2016-17

Full name:	
(Please print)	
Mr / Mrs / Ms / Miss.....	Date of Birth
Address.....	Telephone (home).....
.....	(business).....
.....	(mobile).....
Postcode.....	E-mail address.....
Profession.....	Method of payment.....
	Cash/cheque(s)/DD

Membership Required:	
GOLD (7 day); SILVER (6 day, excluding Saturday); Intermediate 19-29 (7 Day); Intermediate (Student); Casual Member (6 day, excluding Saturday) - 2 YEARS ONLY; JUNIOR / SOCIAL (Please circle as applicable)	
PLEASE NOTE THAT BY APPLYING FOR MEMBERSHIP YOU ARE ENTERING INTO A 12 MONTH MEMBERSHIP COMMITMENT	

Golf Experience: Present Golf Club.....	Handicap.....
Previous Golf Clubs.....	
Society Membership.....	Handicap.....

Introduced By:		
Name.....	Years known.....	Signature.....
Discount amount.....	Date received.....	Signature.....
Countersigned.....	Date.....	

I confirm that if this application is accepted that I will comply with the articles and bye-laws of Macclesfield Golf Club Ltd. and conform to the traditions and etiquette of the Club. (Further details available if required)

SIGNATURE OF APPLICANT..... DATE.....

MACCLESFIELD GOLF CLUB LTD, THE HOLLINS, MACCLESFIELD, SK11 7EA
Tel. 01625 – 423227 email secretary@maccgolfclub.co.uk