



LILLESBALL HALL GOLF CLUB

Lilyhurst Road, Newport, Shropshire, TF10 9AS

CLUBHOUSE: 01952 604776, EMAIL: membersec@lhgolfclub.co.uk

VAT Registration No. 195-2028-65

APPLICATION FOR MEMBERSHIP

All information is given in confidence and is subject to Data Protection Legislation

TITLE and FULL NAME (Capitals please) _____

ADDRESS _____

POST CODE _____

Date of Birth _____

Email Address _____

Telephone _____

Mobile _____

If you do not want this address to be posted in the password protected members only section on club website, please tick the box
The preferred method of communication with members is by e-mail. If you do not want to join the email mailing list, please tick the box

TYPE OF MEMBERSHIP REQUIRED (Tick as appropriate)

Full Membership: Full Intermediate Membership: 22-28yrs 29-35yrs
Five Day Membership: Away Club Membership: Overseas Membership:
Second Club/Gateway Membership: Young Adult

How were you introduced to Lilleshall Hall Golf Club?

PRESENT CLUB (If any) _____
HANDICAP (If any) _____
CDH No. (If any) _____
PREVIOUS CLUB (If any) _____

If elected, I agree to abide by, and comply with, the Club Rules rules.
I authorize the Secretary of Lilleshall Hall Golf Club to make enquiries of any club of which I am, or have been, a member to obtain references.

I understand that LHGC may refuse my membership application
I wish to pay a single payment by cheque/credit card/debit card:
I wish to pay in 12 monthly installments by direct debit:



I understand that all fees quoted are for 12 months membership howsoever paid and are not refundable. If paying by Direct Debit and I cancel my membership during the club year [1 April to 31 March] I agree to pay the outstanding balance in full.

SIGNATURE _____

DATE _____