



# LILLESHALL HALL GOLF CLUB

Lilleshall, 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 No.\* \_\_\_\_\_ Mobile No.\* \_\_\_\_\_

Type of Membership (Tick as appropriate)

<input type="checkbox"/>	Full	<input type="checkbox"/>	Full Intermediate: 29-35yrs**	<input type="checkbox"/>	Full Intermediate: 22-28yrs**
<input type="checkbox"/>	Young Adult: 19-21yrs**	<input type="checkbox"/>	Five Day	<input type="checkbox"/>	Away Club
<input type="checkbox"/>	Overseas	<input type="checkbox"/>	Second Club/Gateway	<input type="checkbox"/>	CASC***
<input type="checkbox"/>	Social	<input type="checkbox"/>		<input type="checkbox"/>	

How were you introduced to Lilleshall Hall Golf Club? \_\_\_\_\_

Present Club (If any) \_\_\_\_\_

Handicap (If any) \_\_\_\_\_ CDH No. (If any) \_\_\_\_\_

Previous Golf Clubs (If any) \_\_\_\_\_

- I agree to abide by, and comply with, the rules of Lilleshall Hall Golf Club.
- I authorise 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 annual payment by cheque/credit card/debit card **OR**
- 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 \_\_\_\_\_

\*These must be completed \*\*Proof of age required \*\*\* Please contact the club for more details T's & C's apply