

CANONS BROOK GOLF CLUB - MEMBERSHIP APPLICATION FORM



I wish to become a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Full Member (Aged 25-29) | <input type="checkbox"/> Full Member (Aged 21-24) |
| <input type="checkbox"/> Six Day Member | <input type="checkbox"/> Five Day Member | <input type="checkbox"/> Country Member |
| <input type="checkbox"/> Juvenile 19-20 Member | <input type="checkbox"/> Junior 17-18 Member | <input type="checkbox"/> Junior 11-16 |
| <input type="checkbox"/> Over 80 Member | <input type="checkbox"/> Social Member | |

of Canons Brook Golf Club Limited (please tick applicable categories).

Full Name:

Address:

Telephone: Home: Business: Mobile:

Date of Birth: E-Mail Address:

Golf Club (if any) of which present or past member Handicap (if any):

Do you know any other member of Canons Brook Golf Club?
 if so, please state name

I agree to be bound by the Memorandum and Articles of Association and the Bye-Laws of the Club.
 Clause 9 of the Memorandum and Articles of Canons Brook Golf Club Ltd,

“Every Full, 6 Day and 5 Day Member of the Club undertakes to contribute to the assets of the Club, in the event of the same being wound up while he is a Member, or within one year after he ceases to be a Member, for payment of debts and liabilities of the Club contracted before he ceases to be a Member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves such amount as may be required not exceeding £10”.

I, the undersigned, confirm that I will, in the event of my resignation, pay any Entrance Fees, Subscriptions or other dues then outstanding.

Applicant's Signature: Date:

For Office Use Only

PC		ACK		INT		FIL		INV	
Membership No				Access Card No					

For Handicap Purposes Only	Card 1	Card 2	Card 3
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