



LILLESHALL HALL GOLF CLUB

LILLESHALL, NEWPORT. SHROPSHIRE, TF10 9AS

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APPLICATION FOR MEMBERSHIP

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

How were you introduced to Lilleshall Hall Golf Club?

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TYPE OF MEMBERSHIP REQUIRED (Tick as appropriate)

- Seven Day Membership
- Five Day Membership

TITLE and FULL NAME (Capitals please)

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ADDRESS

.....

.....

.....

..... POST CODE

Date of Birth

Telephone Mobile

E-mail Address.....

PRESENT CLUB (If any).....

HANDICAP (If you have one)

PREVIOUS GOLF CLUBS (If any)

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I understand that my partner enjoys all off course privileges, including bar and restaurant discounts. Their card should bear the following name.

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If elected, 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 in 12 monthly instalments by direct debit.

I wish to pay as a single payment by cheque/ credit card/debit card.

SIGNATURE..... DATE

SPONSORS

Your sponsors must have been adult playing members of LHGC for 12 months or more. You may need to bring one or more of your sponsors to the interview

Prospective members who are new to the area or to golf or to this club can leave this section blank and members of the interviewing team will only be too pleased to act on you behalf.

In the event of the applicant does not have an official CONGU handicap, we reserve the right to play with the applicant, until such time that we are satisfied that they are conversant with the Rules & Etiquette of the game.

PROPOSED BY

Members

Name.....Signed.....Date.....

COMMENTS.....

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SECONDED BY

Members

Name.....Signed.....Date.....

COMMENTS.....

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