



MEMBERSHIP APPLICATION FORM

Title: _____ Address: _____
First Name: _____
Last Name: _____ Postcode: _____
DOB: _____ Current/Other Clubs: _____
Home Tel: _____ Handicap: _____
Mobile Tel: _____ Email: _____

Please tick appropriate category and payment method

- Full 7 Day Membership (30+ years of age)
- Intermediate (21-29 years of age)
- Colt (18-20 years of age)
- Junior (9-17 years of age)
- Junior Academy (4-8)

Annual Payment

Total Subscription Amount:

Monthly payment

Initial Payment:

Monthly amount:

Start Date:

Renewal Date:

Total Subscription Amount:

Do you know somebody else interested in joining Waterlooville Golf Club. Please enter their details below and we will get in touch with further information.

Name: _____ Tel No: _____

Email: _____

I hereby agree to be bound by the Terms and Conditions of membership as found in the Membership Handbook and the Articles of Association of Waterlooville Golf Club

Signature: _____

Date: _____

FOR OFFICE USE

Date of Induction: _____

Membership Number: _____

Club Captain Signature: _____

Vice Captain Signature: _____