

MEMBERSHIP APPLICATION FORM

Title: Full Name:
Address:
.....
..... Postcode:
Tel (Daytime):(Evening):
Date of Birth (Junior Members Only!):/...../.....

MEMBERSHIP TYPE

Adult 7 day		Junior 7 day	
Adult 5 day		18 – 22 day	
Family		Corporate	

Fee Enclosed: £ Please make cheques payable to ‘Springwater Golf Club’.

Please enclose a passport size photograph for your membership card(s) together with your joining and membership fees.

Please Note: If you wish to pay in instalments with Fairway Credit, please contact us to request an application form.

Address completed forms to :
Springwater Golf Club
Moor Lane
Calverton
Nottingham, NG14 6FZ

I wish to become a member of Springwater Golf Club and hereby agree that if my application is accepted, I will abide by the Bye-laws and regulations of the Club as laid down by the Company.

Signature: (Print Name)
Date:

How did you hear about Springwater Golf Club?
Recommendation:
Advert In:
Direct Mail:
Other: