



PYECOMBE GOLF CLUB

CLAYTON HILL PYECOMBE WEST SUSSEX BN45 7FF

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APPLICATION FOR MEMBERSHIP

MR/MRS/MISS/MS			
FIRST NAME			
SURNAME			
ADDRESS			POST CODE
TELEPHONE NUMBERS	HOME		
	BUSINESS		
	MOBILE		
EMAIL			
DATE OF BIRTH		PROFESSION	
TYPE OF MEMBERSHIP (PLEASE CIRCLE)	7 DAY / 5 DAY / 18-21 / 22-25 / 26-28 / 28-30 STUDENT / JUNIOR / COUNTRY / SOCIAL / OTHER		

INTRODUCTION(S) TO THE CLUB

ARE YOU OR HAVE YOU BEEN A MEMBER OF ANOTHER CLUB?		YES/NO	
IF YES PLEASE STATE CLUB		HANDICAP	
PLEASE LIST BELOW THE NAMES OF ANY PYECOMBE G.C. MEMBERS KNOWN TO YOU:			
NAME		NAME	
NAME		NAME	
IF YOU ARE NEW TO THE CLUB/AREA, PLEASE MERELY STATE 'NONE' ABOVE			

APPLICANTS SIGNATURE

DATE:

CAPTAIN'S COMMITTEE APPROVED SIGNATURE:

DATE

FOR OFFICE USE ONLY

NOTICE BOARD		CAPTAIN INTERVIEW		SUBS AMOUNT		PAYMENT TYPE	
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CLUB SYSTEMS		BILL RAISED		LETTER SENT		SWIPE CARD		GPOS		NET2		WEBSITE DATABASE	
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