

**ARSCOTT GOLF CLUB**



**APPLICATION FOR MEMBERSHIP**

(all information treated in the strictest confidence)

**Personal Details:**

Mr/Mrs/Miss/Ms or other title: .....

**Surname:**..... **Forenames:**.....

**Address(in full):** .....

.....

..... **Post Code:** .....

**Telephone Number:** ..... **Occupation:** .....

**Date of Birth:** .....

**Golf Details:**

**Previous Club(s):** .....

**Handicap:** ..... **Issued by (Name of Club):** .....

If no handicap state details of lessons received: .....

.....

I hereby apply for membership of Arscott Golf Club under the following category:

Full / Senior / Parent / Family /Junior(18 & under) / Intermediate / Weekday / Country  
(Circle membership required.)

If accepted for membership I agree to abide by the rules of Arscott Golf Club and understand that I will be required to pay my joining fee immediately and my annual subscription within 28 days (unless monthly terms for the annual subscription have been agreed).

If I do not have an official handicap, I understand that my standard of play is to be assessed by the Club Professional and that, when necessary, I may be required to take lessons from the Professional prior to being permitted to play the course.

Signature: .....

Date: .....

**Please print this page, complete and return it with a £50.00 deposit to: The Secretary, Arscott Golf Club, Pontesbury, Shrewsbury, SY5 0XP.**