

**APPLICATION FOR MEMBERSHIP 2007/08**

MR / MRS / MS / MISS FIRST NAMES .....

SURNAME .....

ADDRESS .....

POSTCODE ..... DATE OF BIRTH ...../...../.....

HOME TEL. NO. .... OFFICE / DAYTIME TEL NO. ....

MOBILE TEL. NO. .... EMAIL: .....

OCCUPATION / PROFESSION .....

COMPANY .....

ADDRESS ..... POSTCODE .....

**MEMBERSHIP CATEGORY** (please tick as applicable)

- |         |                          |            |                          |                |                          |        |                          |
|---------|--------------------------|------------|--------------------------|----------------|--------------------------|--------|--------------------------|
| 7 - DAY | <input type="checkbox"/> | LOYALTY    | <input type="checkbox"/> | 7-DAY PLATINUM | <input type="checkbox"/> | JUNIOR | <input type="checkbox"/> |
| 5 - DAY | <input type="checkbox"/> | GOLD 7-DAY | <input type="checkbox"/> | SILVER 7-DAY   | <input type="checkbox"/> | SOCIAL | <input type="checkbox"/> |

**HOW DID YOU HEAR ABOUT US?** (please tick as applicable)

- |                          |                          |                          |                              |                                 |                          |
|--------------------------|--------------------------|--------------------------|------------------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>        | <input type="checkbox"/> |
| Word of Mouth            | Drove Past               | Advert - which?<br>..... | I was previously<br>a member | Introduced by<br>a member ..... | Internet                 |

**OTHER CURRENT GOLF CLUB MEMBERSHIPS** .....

**PREVIOUS GOLF CLUBS** .....

I enclose my handicap certificate. MY OFFICIAL HANDICAP IS   
I wish Woldingham to be my (please circle): **Home Club / Away Club**

I understand and accept that **No Refunds** will be given.

**SIGNED** ..... **DATE** .....

NB. Membership of Woldingham Golf Club is entirely at the discretion of the Management.

PLEASE ALSO COMPLETE PAYMENT DETAILS OVERLEAF

## New Member Payment Form


Please return payment together with your completed membership application form to the:  
Membership Office, Woldingham Golf Club Ltd, Halliloo Valley Road, Woldingham, Surrey CR3 7HA

Tel: 01883 653501 Website: www.woldingham-golfclub.co.uk  
Or fax to: 01883 653502 email:membership@woldingham-golfclub.co.uk

**Please circle the relevant amounts / categories**

**The current membership year runs from 1<sup>st</sup> May 2007 to 30th April 2008**

**All prices are inclusive of VAT & EGU/LGU fees**

CATEGORY	ANNUAL SUBS 1 <sup>st</sup> May 2007 to 30th April 2008	 <b>DIRECT Debit</b> DEPOSIT	11 x MONTHLY DEBITS starting 2 June 07	<b>TOTAL</b>
		<b>Initial Deposit Payment</b>		
<b>7 – Day Platinum</b>	£2300	£750	£155	
<b>Gold 7 Day Group-wide</b>	£1470	£600	£87	
<b>Silver 7 Day Group-wide</b>	£1300	£500	£80	
<b>7-Day</b>	£1000	£400	£60	
<b>5 – Day</b>	£725	£250	£48	
<b>Loyalty</b>	£270	N/A	N/A	
<b>Junior (U18)</b>	£200	N/A	N/A	
<b>Social Group-wide</b>	£10	N/A	N/A	
<b>Access/Visa/MasterCard (please add 2% Credit Card Fee)</b>				
<b>Bar Credit (optional)</b>				
<b>TOTAL PAYMENT</b>				

**PAYMENT METHOD:** (please tick) **Please make cheques payable to Woldingham Golf Club (2004) Ltd**

Cheque  Cash  Visa  Access  MasterCard  Switch  Delta

**DEBIT / CREDIT CARD NO.** (Only applicable if customer not present)

Card No.

Start Date  /  Expiry Date  /  Switch Issue No.

Cardholder Name \_\_\_\_\_



The Direct Debit Scheme is payable on a monthly basis and is a contractual agreement until 30th April 2008. All monthly payments must be paid. Should members fail to make all payments, they will be liable for the remaining amount for which they will be invoiced.

I wish to pay by Direct Debit (please tick). Only available for 7 Day / 5 Day membership – a 10% admin fee will apply on the outstanding balance.

**NOTE:** You need to complete a Mandate Form which is available from The Pro Shop or the Membership Office.

No. of Monthly Payments (as per above)  x Monthly amount of £