

Teign Valley Hotel & Golf Club 2020-21

EX6 7PA

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I WISH TO APPLY FOR _____ MEMBERSHIP OF TEIGN VALLEY GOLF CLUB

TO TAKE EFFECT FROM DAY _____ MONTH _____ YEAR _____

MR/MR/MISS/MS _____ FIRST NAME _____ SURNAME _____

ADDRESS DETAILS _____

_____ POST CODE _____

TEL HOME _____ TEL WORK _____ TEL MOBILE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ AGE _____ OCCUPATION _____

WIFE / HUSBAND / PARTNER NAME _____

ARE YOU A MEMBER OF ANY OTHER GOLF CLUB _____

NAME OF OTHER GOLF CLUB _____

PLEASE STATE YOUR HANDICAP IF YOU HOLD ONE _____

PAYMENT PLAN					
GOLF DUES & INSURANCE 2020	£27.00	MEMBERSHIP	£526.00	TOTAL AMOUNT	£553.00
PAYING IN FULL BY CHQ _____		CREDIT CARD _____		CASH _____	
OR/ PAYING BY 6 PAYMENTS FULL MEMBERS ONLY BY STANDING ORDER				6 X £103.00	

I WARRANT THE ABOVE INFORMATION IS CORRECT AND HEREBY APPLY TO BE CONSIDERED FOR MEMBERSHIP OF TEIGN VALLEY GOLF CLUB AND I HERE BY AGREE TO ABIDE BY ITS RULES AND REGULATIONS.

SIGNATURE _____ DATE _____