

# Teign Valley Hotel & Golf Club 2018-19

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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 2017 £23.00	MEMBERSHIP £ _____ TOTAL AMOUNT £ _____
PAYING IF FULL BY CHQ _____	CREDIT CARD _____ CASH _____
OR/ PAYING BY 6 PAYMENTS FULL MEMBERS ONLY 6 X £99 CREDIT/CARD _____	

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 \_\_\_\_\_