

APPLICATION FORM

Mr

Mrs

Miss

Full Name

Contact Tel No:

Email:

Address:

Postcode:

Occupation:

Date of Birth:

MEMBERSHIP TYPE & PAYMENT METHOD - TO BE FILLED OUT BY RAVENMEADOW

PAY MONTHLY:

Category of Membership:

Direct Debit Form Completed?:

ANNUAL:

Category of Membership:

Membership Start Date:

Balance: (Including admin fee)

Renewal Date:

Our Membership year runs 1st September to 31st August
Membership fees can be Pro - Rata + the admin fee of £15

PAYMENT METHOD

MEMBERSHIP NO.

PROCESSED BY:

ADDITIONAL INFORMATION

Do you have a current CONGU Handicap:

If yes what is it:

Would you like a club representative to help you get a handicap:

MEMBERS DECLARATION

I will abide by the rules set down in the constitution:

Date:

Signed (Junior memberships must be signed by an authorised guardian)