

# Ivinghoe Golf Club

Established 1967



## Membership Form

Name		Title	
Address			
Tel No			
E Mail			
Date of Birth			
Emergency Contact Tel Juniors Only			
Occupation			
Other / Previous Club			
Handicap (if any)			

### Membership Category

Renewal Date (delete as necessary) 1<sup>st</sup> April / 1<sup>st</sup> October annually

7 Day Full Membership							
5 Day Mid Week Membership							
Husband & Wife 7 Day Membership							
Husband & Wife 5 Day Membership							
Family Membership							
Cadet Membership	<table border="1"> <tr> <td>Age 19</td> <td></td> <td>Age 20</td> <td></td> <td>Age 21</td> <td></td> </tr> </table>	Age 19		Age 20		Age 21	
Age 19		Age 20		Age 21			
Junior Membership							

- I enclose a cheque in the sum of £..... made payable to Ivinghoe Golf Club
- I wish to pay monthly by Direct Debit. I enclose the completed Direct Debit Mandate

I agree to abide by the Rules and Bye Laws of the club. I understand that any breach of the rules may lead to expulsion from the club, all costs to be borne by me.

Signed ..... Date .....,