

2025 Membership Application

MEMBERSHIP NUMBER: Office Use

FULL NAME: (If more than 1 Christian name pleas	se underline your preferi	red name)	
Dr/Mr/Mrs/Miss:			
, , -,			
POSTAL ADDRESS:			
	POST CODE:		
EMAIL ADDRESS:			
MOBILE PHONE NUMBER:			*
HOME TELEPHONE NUMBER:			*
* Please tick the box to show you are NOT willing for th	na nhana numbar(a) ta k	a antarad in the nav	t colf
club diary.	ie prione number(s) to t	e enterea in the nex	t goii
club diary.			
DATE OF BIRTH		7	
DATE OF BIRTH:			
		7	
PREVIOUS CLUB:			
CDH NUMBER:		HANDICAP:	
CDIT NONDER.		IIANDICAI.	
WILL LLANYMYNECH GOLF CLUB BE YOU	ID HOME CILIB?	Yes / N	^
WILL ELANTHINEEN GOLF CLOB BE TO	TR HOME CLOD:	165 / 14	<u> </u>
MEMBERSHIP CATEGORY (*See Category list)	IF BEING INTRODU		R PLEASE
	ENTER THE NAME I	IERE:	
Lifestyle, 3 Parks and Juniors not eligible	1		
*We offer special membership rates for members who		II membership fees o	cannot be
afforded by them. Please see the Club Secretary for fu		0.1 / 1 40\044	
EG & County LEVY – Ladies & Gents £22.25 Junior Boy	s (under 18) £18. Junior	Girls (under 18) £16	5.25
SIGNATURE:			
(CONSENTING TO MEMBERSHIP)			
DATE OF APPLICATION:			
By signing this application form you are agree	eing to join Hanym	vnech Golf Club :	and will
-, c.gg and application form you are agree	g to join Liamyiii	,	TTIII

By signing this application form you are agreeing to join Llanymynech Golf Club and will be bound by the rules of the club. Your details are entered onto a Membership Database which will only be used for Club related matters. The details will not be used for any other purpose or transferred to other organisations unrelated to the club. The Club GDPR policy is available on the website.

All applications go to the Management Committee for approval and they retain the right to refuse an application.

Office Use:

Office Use:	
Information letter sent	Buggy etc.
Subscription invoice	Subscription Received & Allocated
Welcome to LGC letter sent	Tag / sticker
	WHS
Other information:	