

Ingon Manor Hotel, Golf & Country Club

Application for Membership

Name:

Title: (Please tick box) Mr Ms Mrs Other

Date of Birth:..... Telephone:.....

Home Address:

..... Post Code:

Business Address:

..... Telephone:.....

Occupation:..... Handicap (if any):.....

Other Golf Affiliations:.....

Who, if anyone, recommended Ingon Manor to you? (Please give one name only.).....

I wish to apply for membership of Ingon Manor Hotel, Golf and Country Club and enclose herewith my cheque made payable to Ingon Manor Hotel, Golf & Country Club.

Membership Applied for:

7 Day (Full) 5 Day Corporate Intermediate Junior

I understand that acceptance of my application form will not amount to an assurance that I will be approved as a member of Ingon Manor Hotel, Golf & Country Club.

I agree to abide, at all times, by the rules of the Club.

Signature: Date:

FOR OFFICE USE ONLY

Type of Membership

7 Day (Full) 5 Day Corporate Intermediate Junior Joint

Date of Application:..... Acceptance:.....

Membership Code & Number:..... Date Posted:.....

Paid By: Cheque Cash Credit Card

Cheque/ Credit Card No.:.....

Amount: