

CGC MEMBERSHIP APPLICATION FORM

First Name		Surname	
Title		Occupation	
Employer		Date of Birth	

Address & Communication Details

Street Address			
Mailing Address	<input type="checkbox"/> same as above		
Personal Email			
Personal Mobile		Personal Landline	

Emergency Contact Details

First Name		Surname	
Relationship		Phone Contact	
Address			

Golfing Details

Proposer		Secunder	
Prior Club		Previous Handicap	
Previous Golf Link no.		Right/Left Hand	
If you are a member of another Club, do you wish for Claremont to become your home club? YES <input type="checkbox"/> NO <input type="checkbox"/> (please select)			

Membership Details – Tick box for Membership selection

Premium		Full	
Quantum 2 3 4 - Please CIRCLE Membership type		Colt 19 -23 years of age	
Teenager (13-18 years of age)		Junior (Under 12 years of age)	
Social			

Authorisation

If accepted I hereby consent to abide by the rules of the club as per the current Constitution, Policy Manual and By-Laws. A copy of the current Constitution is available by contacting the Club President. I also agree to Claremont Golf Club releasing details of my membership to Drummond Golf for the purpose of acquiring a rebate on products purchased at Drummond Golf Cambridge by a Club member.

The Claremont Golf Club Constitution requires that this application form be displayed on the Clubhouse noticeboard for a period of two weeks before being ratified by the Board of Directors. I hereby consent to my details being on full display:

YES **NO** (please select an option to authorise the display of the application form)

IMPORTANT INFORMATION

Upon acceptance as a member I also agree to the Claremont Golf Club Credit Policy agreement as follows:

- **Resignations must be received in writing by the 30th June each year.**
- **Members resigning after this date will be charged full annual fees. Interest will be added if an account becomes in arrears.**
- **If passed for collection, collection fees as applicable will be added to the account**
- **Non-payment may result in publication**

Member Signature		Date
SIGNATURE OF GUARDIAN IF APPLICANT IS UNDER 16		Date

Only relevant information on application form will be displayed in the Club House.

Payment Details – Office Use Only

First Name		Surname	
Payment in full	<input type="checkbox"/>	Monthly debit	<input type="checkbox"/>
Bank details (Either direct debit or credit card)			
DIRECT DEBIT - Bank Accounts without funds available will incur an additional rejection amount added to their account. Please ensure funds are available for the 15th of each month			