**MEMBERSHIP APPLICATION FORM 2024**

For the Vale of Llangollen Golf Club, Holyhead Road, Llangollen LL20 7PR

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|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | | D.O.B: |
| ADDRESS |  | | |
| TELEPHONE NO |  | | MOBILE NO: |
| EMAIL ADDRESS |  | | |
| CURRENT/PREV CLUB |  | | |
| GOLFING EXPERIENCE |  | | |
| WILL VLGC BE YOUR HOME CLUB |  | | |
| HOW DID YOU HEAR ABOUT VLGC  REFERRED BY (NAME OF MEMBER) |  | | HANDICAP INDEX:  CDH NUMBER: |
| HAVE YOU EVER BEEN EXPELLED OR REFUSED MEMBERSHIP OF A GOLF CLUB? | Y/N | CAREER: | |

**TICK/SELECT CATEGORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PLATINUM PLUS | PLATINUM | GOLD | SILVER ASSOCIATE | BRONZE ASSOCIATE |
| COUNTRY 25-49 | COUNTRY 50+ | STUDENT | JUNIOR | INTERNATIONAL |
| INTERMEDIATE | 18-20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 |
| FLEXIBLE MEMBERSHIP | 200 points | 100 points | Winter deal |  |

|  |  |
| --- | --- |
| JUNIOR PARENTAL CONSENT FORM SIGNED Y/N |  |

THE CLUB HEALTH & SAFETY DOCUMENT IS ON OUR WEBSITE. YOUR APPLICATION CANNOT BE ACCEPTED WITHOUT YOUR SIGNATURE TO CONFIRM YOU HAVE READ IT

SIGNED………………………………………………………………………………………. DATE……………………………………………………………….

BOARD OF DIRECTORS APPROVAL YES/NO

FOR OFFICE USE:

|  |  |  |  |
| --- | --- | --- | --- |
| MEMBER NO: | BRS SET UP | BILLED | PAID |
| WALES GOLF | WELCOME EMAIL/PACK | TAG | VOUCHER |