

Ravensworth Golf Club Ltd "Angel View", Long Bank Eighton Banks Gateshead Tyne and Wear NE9 7NE Tel: 0191

4876014

GOLF MEMBERSHIP APPLICATION FORM

NAME:			DATE OF BIRTH				
ADDRESS:							
TELEPHONE NO.:							
E-MAIL:							
TYPE OF MEMBERSHIP APPLIED FOR:							
7 DAY MEMBER - monthly payment option available		INTERMEDIATE (18-25)					
5 DAY MEMBER (Monday to Friday) monthly payment option available		JUNIOR MEMBERSHIP Information available on request					
COUNTRY MEMBER - (Outside 60 miles)		FULL TIME STUDENT (Sept-May) Terms apply					
TWIGHLIGHT MEMBER - after 4pm)							
Locker (adult) £35		Locker (Junior) £10					
Previous Club and CDH Number:							
SIGNED DATE							
The information contained in this document is gathered for managing your membership and communications with Ravensworth Golf Club. It will not be shared with third parties without your express consent and will be destroyed when no longer needed							
In signing this form I agree to abide by Golf Club Ltd.	y the rules and	regulations as	sag	golfing m	nember of Ravens	worth	
	FOR OFFICI						
DATE FORM RECEIVED:		DATE MEME	BER	RECOF	RD CREATED:		
Locker No:	Locker Key issu	ocker Key issues:		Bag Tag and Sticker Issued:			
MEMBERSHIP FEE PAID			\	/ISA	CASH	CHQ	
SIGNATURE							