



**FREE
MEMBERSHIP**

APPLICATION FORM

City Golf Club respects your privacy. The Club will only use your contact information for internal Club communications and will not distribute your details to any third parties. You can unsubscribe from these communications at any time.

*Mandatory Fields

FREE 5 YR SOCIAL MEMBERSHIP

TITLE: MR MRS MISS MS OTHER _____

FIRST NAME*: _____

LAST NAME*: _____

DATE OF BIRTH*: _____ (for birthday rewards)

EMAIL*: _____
(for exclusive offers)

MOBILE*: _____
(for exclusive offers)

MAILING ADDRESS*: _____

POSTCODE: _____

I confirm that I am over 18 years of age and agree to abide by the Constitution, By-Laws and all other rules of the Club. All information above is true and correct and I have read and understood the terms and conditions available at Reception.

I don't want information about member discounts, loyalty promotions or birthday rewards.

EXISTING MEMBER NUMBER: _____

APPLICANTS SIGNATURE: _____

DATE: _____

Code: _____

**FILL IN YOUR FORM AND BRING IT TO
THE CITY GOLF CLUB RECEPTION WITH ID TO JOIN**