## ALDER ROOT GOLF CLUB

Alder Root Lane
Winwick
Warrington
Cheshire
WA2 8RZ
01925 291919

## Application for Membership

Surname			
First Name			
Address			
	Po	st Code	
Tel:			
Mobile:			
E-Mail:			
Occupation	Date of Birth		
Have you ever been a member of a g	olf club?	Yes/No	
If so please name the club(s)			
Current Handicap (if available)			
Category of membership applying for		7-Day [ ]	5-Day [ ]
		Ladies [ ]	Junior [ ]
I understand the annual subscription	fee is non-	refundable.	
I understand that I shall receive a bill be due on the 1 <sup>st</sup> April each year.	yearly for n	ny annual subscrip	ition fees, which will
I agree to abide by the rules of Alder	Root Golf C	lub at all times.	
Signed(N.B. Parent or Guardian must sign for a jun	ior member)	Date	

All Cheques to be made payable to "Alder Root Golf Club".

N.B. The proprietor reserves the right to refuse membership for any reason should it not be in the interest of either the club or its membership.

## STANDING ORDER TO: BANK BRANCH \_\_\_\_\_ ADDRESS\_\_\_\_\_ Sort Code\_\_\_\_\_ Please make payments detailed below and debit my/our account Name of account to be debited\_\_\_\_\_ Account No\_\_\_\_\_ Reference to be quoted, members **full** name\_\_\_\_\_ Name of payee ALDER ROOT GOLF CLUB A/C No 02782060 Address of payee ALDER ROOT LANE, WINWICK, WARRINGTON Bank & Branch to which LLOYDS TSB BANK PLC FORGATE ST CHESTER Payment is to be made **PO BOX 1000** BX1 1LT Code No 30-91-92 Amount (in words) Date of payments 1st \*Monthly/Weekly 01/ Date of first payment /20 Special instructions (if any) PAYMENTS ONLY Payments are to be continued until\_\_\_\_\_

Payments are to continue until you receive further notice in writing.

This instruction cancels any previous order in favour of the payee named above under this reference.

(Date of last payment inclusive)

Signature

## \*DELETE AS NECESSARY