



Membership **Application** Form

GREAT TORRINGTON GOLF CLUB

01805 622229 info@torringtongolfclub.co.uk

Surname (Block capitals):	Date:
First Name:	Date of Birth:
Membership Type:	2024/25
Address:	
Postcode:	
Telephone Number:	
IMPORTANT: Email Address. If a Junior member please ensure parent/carers email address is provided.	
Previous Club (if any):	
Handicaps:	
CDH Number (if known):	
Where do you wish your handicap to be administered?	
Total payment: £ Cheque (payable to: Great Torrington Golf Club Ltd.) / CARD / CASH / Finance Option BACS: Lloyds Bank A/C Name: Great Torrington Golf Club Ltd. A/C No: 17885668 Sort Code: 30-90-78 Reference: Subscription/Your name	
Finance Scheme Option Available with Fairway Credit. Please ask for details.	
A signature below denotes all those paying by a finance option agree to an undertaking to pay the full amount of 12-month membership.	
Signature of Applicant for Torrington Golf Club Membership	
<hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <p>By completing this form, I agree for the Club to contact me via any of the contact information I have provided. All data provided will be stored and governed by general data protection regulations (GDPR).</p>	