Tel: 01872 278684 Email: trurogolfclub@tiscali.co.uk www.trurogolfclub.co.uk



Truro Golf Club Treliske Truro TR1 3LG



A challenging par 66, 5306 yard, 18 hole golf course open to golfers of all standards and ages

Nomination for Membership 2015/16

Full Name and Address of Nominee		ee	Proposer		Class of member		
IN BLOCK CAPITALS			Sign & Print		Please Circle		
Mr/Mrs/Miss/Other		Name	Name		FULL		
					£595		
Surname							
					COUNTRY/AFFI	LIATED	
First Nam	e				£300		
		-					
Address		Signature			18-24 YEAI	RS	
					£195		
) [
					14-17 YEAI	RS	
					£105		
Postcode					UNDER 14 YE	ARS	
Tel Home					£85.00		
Tel Mobile	•	<u> </u>					
Tel Work		_			SOCIAL		
Email					£80		
Tick Box							
Handicap Call Club							
I certify that I am a full playing member of Golf Club CDH ID No.							
	I have not proviously been a r	mambar of a galf al	ub.		CDU ID IN)	
	I have not previously been a n	nember of a gon cit	aio			Handicap	
I have been a full playing member of					Golf Club		
	Thave been a full playing men	iber of	CDH ID No.				
					CDU ID M)	
l horoby on	ply for Membership and if elect	tod agrae to obide b	w the Bules of the Ch	ub /if under 10 v	aara way ahaydd ahtai	-	
	ts signature after your own.	led agree to ablue t	by the nules of the On	ub (ii uiidei 16 y	ears, you should obtain	''	
your paren	is signature after your own.						
Signature	of Nominee			Date of Bir	th		
Signature	or rediffinee			Date of Bil	(1)		
Application Date			Receive	Received by Secretary			
nooned by occitain					,		
		FOR	CLUB USE ONLY				
PAID BY	1st Pa	ayment	Date	11 Months	@ £	per month	
	Direct Debit	-				•	
	Cheque						
	Debit Card						
	Cash						
	•						