Membership application form

Kat:

Full member	Start offers	U35 offers	U21 offers
A = Active	D = Trial	F = Newcomer	H = Junior
B = Company		G = Newcomer in education	I = Cadet
C = Lease holder			K = Kid

Personal Information

Category		
Share		
Name		
First Name		
Street		
P.O. Box		
PLZ Place		
Date of Birth		Company address for everything ❑ for invoice ❑
Profession		
Position		
Nationality		
Telefon Private		
Telefon Business		
Telefon Mobile		
E-Mail*		

*also used for our Newsletter

Golf Please add a Handicap Record Sheet

Already member in a club/association	☐ No	☐	Yes, in GC…	
If yes, will you stay member	☐ No	☐	Yes	HCP:
If yes, who should lead your HCP	☐ Wylihof	☐	old Club	

ID_____ **PIN**_____ **(Check your Swiss Golf Card for this Information)**

References (see Art. 29 Statuten GCW)

Godparent (name, first name, tel.)	

Golfclub Wylihof
Wylihof 12
4542 Luterbach

Date and place: _____

Application for membership

Dear Sir or Madame

I have read and hereby accept all documents, terms and conditions and therefore wish to become a member of Golfclub Wylihof.

I agree with the bylaws of Wylihof Golf AG and Golfclub Wylihof and I also agree with the contract between the two parties.

Furthermore, I agree to pay the costs of my membership category and will respect the regulations.

Signature: _____