	-	Wood Golf Society ERSHIP APPLICATION 2024-25
	NAME ADDRESS	
	POST CODE	
HOME TELEPHONE NO.		
MOBILE TELEPHONE NO.		
DATE OF BIRTH		
EMAIL ADDRESS		

Please Forward PAYMENT To The Value Of $\underline{\text{£25.00}}$ together with the information in this Form Covering

12 Months Membership and Golf Insurance To:

Mr. Gareth Perry: email: gareth.perry30@btinternet.com

Payment via Bank Transfer to: LWGS - S/C: 20-59-23 A/C: 00080373