



MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Mr/Mrs/Miss/Ms/Other: _____

First Name: _____ Surname: _____

E-mail Address: _____

Address: _____

_____ Post Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Mobile Number: _____ Date of Birth: _____

Please indicate Membership Type

Full Member

Social/Overseas/Associate

Premier*

Beginners Club

i-Book Recreational

Junior

*Please enquire at the Admin Office

Please indicate method of payment

Cash

Cheque

Visa

Mastercard

Debit Card

Amount: £ _____ Date: _____

Cheques to be made payable to 'Les Mielles Golf & Country Club'

Signature: _____

Please send your completed form by post with a passport photograph to:

Les Mielles Golf & Country Club

St Ouen's Bay

Jersey

JE3 7FQ

Or e-mail your completed form along with a jpeg (credit card size portrait) photo to: info@lesmielles.co.je