

LES ORMES GOLF CLUB



Please address all correspondence to:
The Secretary, Les Ormes Golf Club (Gents Competition section)
Les Ormes Resort, Le Mont a la Brune, St Brelade Jersey JE3 8FL
OR email to Secretary@lesormesgolf.com

Application for membership

Full Name:	
Address	
Post Code	
Home Telephone Number	
Mobile Number	
Date of Birth	
Email Address	
Are you a member of another club Yes/No (Delete as appropriate)	If yes please name club
What is your present handicap (if any)	
What is your CDH number (if any)	

I wish to apply for membership of Les Ormes Golf Club (Gents Competition section) and agree to abide by the rules and constitution thereof:

Signature: _____ Date: _____

Please note: **Membership of Les Ormes Resort is compulsory.**

Membership type: Pay-n-Play ☐ 7-Day ☐ 5-Day ☐

2019 Membership fees: £100 **Over 65:** £65

Method of Payment
Payment by cheque: Cheque ☐ Bank Transfer ☐
Payment by transfer: Made payable to *Les Ormes Golf Club*
Bank: HSBC
Sort Code: 40-25-33
Account: 71408623