

# Application for Heriot Golf-Club-Membership 2005



I wish to apply for a Heriot Golf Club membership for 2005 (01.04.2005 – 31.03.2006).

## Please send the membership application

By fax to:

+49 7387 98221

By e-mail to:

info@golfworldwide.de

By post to:

Golf Worldwide

Kleinengstingerstr. 5/1, 72531 Hohenstein, Germany

## Select your membership contract

- |  |      |   |      |
|--|------|---|------|
| <input type="checkbox"/> Child/ Junior (under 18 years*) | 99€  | <input type="checkbox"/> Partner (2 adults)         | 279€ |
| <input type="checkbox"/> Student (under 25 years*)       | 129€ | <input type="checkbox"/> Family (2 adults, 1 child) | 359€ |
| <input type="checkbox"/> Adult                           | 149€ |   |      |

\*The age as of 1 April of the current year

## Please fill in using block letters (\*\*optional fields)

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mr/Mrs/Ms            | Surname              | First name           | Birth date           | <sup>1</sup> HCP     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mr/Mrs/Ms            | Surname              | First name           | Birth date           | <sup>1</sup> HCP     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mr/Mrs/Ms            | Surname              | First name           | Birth date           | <sup>1</sup> HCP     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Street/ number       | Postal Code          |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Country              | City                 |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| *Phone number        | **Fax number         |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| E-mail address       | **Referred by:       |
| <input type="text"/> | <input type="text"/> |

1. Please let us know your handicap index, if you have one, and enclose the necessary evidence.

Payment Authority: I, the applicant, authorise Golf Worldwide to debit my credit card account with the amount for the membership/s ticked above.

## Type of credit card



Cardholder name

 / 

Expiry date:

Month Year

These are the last 3 numbers on the back of your credit card



Authorization code

Credit card number

- Yes, the above information is true and I/we have read and accept Golf Worldwide's terms and conditions. The terms and conditions can be seen on our internet site, [www.golfworldwide.de](http://www.golfworldwide.de)

Date

Signature