Application for Membership

OLD PADESWOOD GOLF CLUB

(a members run Club from April 2026)

Station Lane, Padeswood,
Nr. Mold, Flintshire. CH7 4JD
Tel: 01244 547401
www.oldpadeswoodgolfclub.com
sec@oldpadeswoodgolfclub.com

Full name: _____ Date of Birth: ___/___/___

Address: _____

Post Code: _____ Mobile No: _____

Email Address: _____

Do you agree to receive emails from the club: Yes / No Your Email Address is only for club use

Present Club(s): _____ Handicap _____ CDH Number _____

I wish to apply for category membership of Old Padeswood Golf Club, and agree to abide by the Rules and Regulations of the Members Run Club. All Rates Pro Rata to March 31st 2027

Membership Category	Annual Fee
A - Full Member (7 Day)	**£ 765.00**
D - Intermediate (19–30 yrs)	**£ 450.00**
Student (19+ full-time education)	**£ 240.00**
E - Junior (15 & under, £10.00 if related to Full Member, but must play with member)	**£ 50.00**
F - Junior (16–18 yrs)	**£ 100.00**
G – New to Club	**£ 475.00**
H – 2nd Club Membership	**£ 470.00**
I –Second Club/Weekdays Membership	**£ 375.00**
J –18 Month Special Offer – Full Membership (October 2026 to March 2028)	**£ 980.00**
K –18 Month Special Offer – Intermediate Membership (October 2026 to March 2028)	**£ 680.00**

All Fees above include Golf Union Subscriptions

Cheques payable to: Old Padeswood Members Club. If paying by Direct Debit, a £30 administrative fee applies.

Payment Method (circle): Cash / Cheque / Card / Direct Debit / Bank Transfer (Sort 40-33-10 Acc. 91768557)

Amount Paid: _____ Date Paid: ___/___/___

Emergency Contact Name: _____ Phone: _____

Have you ever been asked to leave a golf club of which you were a member? Yes / No

If yes, please supply the name of the golf club: _____

GDPR Consent: I consent to Old Padeswood Golf Club storing and processing my personal data for membership administration and communication purposes, in line with the Club's Privacy Policy.

Signature: _____ Date: ___/___/___

Proposed by: _____ Print Name: _____

If paying by Direct Debit, I agree to pay the full fee for the year as per the DD agreement.

Signed: _____ Print: _____

PHOTOCOPY OF THIS FORM TO BE GIVEN TO THE NEW MEMBER **OFFICE USE ONLY:**

Application:	**Signed:**	**Date:**
Handicap Master		
Correspondence Sent		
Direct Debit Set Up		
Copy given to new member		
Scanned into New Members		
Emailed to GJ/JS/AG		