

## STUDENT ASSOCIATE MEMBERSHIP (S



All sections of this application form must be completed in block capitals

First Name(s)		<u> </u>				1				1														
Surname												6. 4		-							,			
Title (Mr/Mrs/Miss/Ms/Other)										Dat	te of	Birti	<b>h:</b> (Mu	ust be '	19-23)						/			
Home Address																								
E 2411																								
Email Address																								
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For Office Use:																								
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New GUI / ILGU No.		0	3	2																				
If YES give details  Club  GUI/ILC  Where do you wish to mai  Powers  Your ex  Important Note  If you wish to transfer you certificate with this applic	intain scour kistin	you t g ho	r hai	<b>club</b> Pow	as a	<b>abo</b> v	<b>ve</b> t froi	n yo	ur ex				ou m	usts	supp	oly a	sign	ed u	p to	date	e har	ndica	p	
Have you been a member							·,			YES		,		NO										
If YES please give details a							ory a	nd G			num	bers	5											
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Student Associate Memb								erm	issic	on of	the	Cap	tain	of th	ie M	en's	or La	die	s Clu	ıb pl	ay fo	or ar	y	_
other golf club in a GUI/II	_GU re	ecog	nise	a co	mpe	etití	on.																	 
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