



SILESIA GOLF CLUB
ul. Sowia 14
41-100 Siemianowice Śląskie

Date

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MEMBERSHIP DECLARATION

| | |
|--|----------------|
| Surmane and Name | |
| Date and place of birth | |
| Address | |
| Phone number | |
| E-mail | |
| Profession / workplace (optional) | |

I am asking to be accepted as a member of the Silesian Golf Club as:

- permanent member,
- permanent member as part of family membership,
- one-year member.

My handicap

I confirm that I know the statute of the Silesian Golf Club and the rules of membership in the Club and I promise to follow them.

I consent to e-mail and telephone contact with our employees related to the statutory activities of the Club.

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Signature

By the decision of the Management Board of the Silesian Golf Club, you are admitted / not admitted as a member of the Silesian Golf Club.

Date

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