



THE DUKE'S
ST ANDREWS

THE DUKE'S MEMBERSHIP 2015 - 2016

New Members	Fees	Please tick	Joining Fee
Duke's Full Membership:	£754	<input type="checkbox"/>	£500 <input type="checkbox"/>
Duke's Family Membership:	£1206	<input type="checkbox"/>	£750 <input type="checkbox"/>
Single Duke's Country Membership	£559	<input type="checkbox"/>	£250 <input type="checkbox"/>
Couple Duke's Country Membership	£895	<input type="checkbox"/>	£375 <input type="checkbox"/>
Single Duke's & Kohler Waters Spa (inc. Thermal Suite)	£1615	<input type="checkbox"/>	£320 <input type="checkbox"/>
Couple Duke's & Kohler Waters Spa (inc. Thermal Suite)	£2734	<input type="checkbox"/>	£480 <input type="checkbox"/>
Duke's Weekday Membership (New category) Monday - Thursday	£431	<input type="checkbox"/>	£250 <input type="checkbox"/>
Duke's Youth Membership (New Category)	£377	<input type="checkbox"/>	N/A <input type="checkbox"/>
Duke's Junior /Student Membership:	£249	<input type="checkbox"/>	N/A <input type="checkbox"/>
Duke's Juvenile (5 to 13 years)	£50	<input type="checkbox"/>	N/A <input type="checkbox"/>
Duke's Flexible	£250	<input type="checkbox"/>	N/A <input type="checkbox"/>
Duke's PGA Professional	£285	<input type="checkbox"/>	N/A <input type="checkbox"/>
Duke's Social Membership	£100	<input type="checkbox"/>	£249 <input type="checkbox"/>

PERSONAL DETAILS:

Full Name: _____

If Joint membership, Partner's Name: _____

Email Address: _____

Address: _____

Postcode _____

Date Of Birth: _____

Date of Birth of Partner (If Applicable): _____

Home Telephone Number: _____

PROFESSIONAL DETAILS:

Company Name: _____

Job Title: _____

Email Address: _____

Address: _____

Postcode: _____

Business Telephone Number: _____

Business Fax Number: _____

If The Duke's is not your Home Club please advise the following:

The name of your Home Club _____ Your Exact Handicap _____

Name of Member who introduced you to The Duke's (If applicable) _____

PAYMENT DETAILS:

I am sending a cheque / credit card details for

£ _____

Cheques should be made payable to: Old Course Ltd

Please bill my credit card for:

£ _____

My card details are as follows:

Expires:

Issue No:

Name as it appears on card:

Card type:

Sec No.

o Direct Debit (Application forms and details available from The Duke's Admin Office.)

Signature: _____

Date: _____

Membership Applications should be returned to: Craig Waddell, The Duke's, Craigtoun, St Andrews, Fife, Scotland. KY16 8NS.
Valid 1st April 2015 - 31st March 2016