

**MEMBERSHIP DECLARATION FAMILY  
MODRY LAS GOLF CLUB 2024**

**Submission date:...../...../20....**

Surname.....First name.....  
Street & House Number.....  
City.....Postcode.....Country.....  
Date of birth.....Handicap.....  
Tel no.....Email.....

**Spouse**

Surname.....First name.....  
Street & House Number.....  
City.....Postcode.....Country.....  
Date of birth.....Handicap.....  
Tel no.....Email.....

**Child (0-18 yrs.)**

Surname.....First name.....  
Date of birth.....Handicap.....

**Child (0-18 yrs)**

Surname.....First name.....  
Date of birth.....Handicap.....

**Membership category:**

(For details, please see the pricing and detailed terms and conditions)

- **FAMILY** .....

**Payment details:**

**Bank/Transfer** .....

**Club reception / Cash** .....

**Club reception/** .....

Amount paid: ..... Paid on day: .....

**Bank transfer details:**

Modry Las S.A.  
Gospodarczy Bank Spółdzielczy w Choszcznie  
IBAN PL 66 8359 0005 0039 6666 2004 0001  
SWIFT / BIC GBWCPLPP

**Additional terms and conditions :**

The annual fee will be determined every year by the Board of Modry Las SA. Modry Las SA reserves the right to change the terms and conditions of the Club Membership at any time and without warning.

***I agree to receive information from Modry Las by e-mail, telephone or letter about all the events related to the Modry Las Golf Club.***

***I hereby declare that I have read and I accept the above conditions and the regulations of Modry Las Golf Club.***

.....  
Modry Las SA rep. signature

.....  
Member's signature

„MODRY LAS” S.A.  
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