

MEMBERSHIP **APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS.

CONTACT DETAILS:

Title: Mr / Mrs / Miss / Ms. Other _____

Forename (s): _____

Surname: _____

Known Name (if different from forename): _____

Date of Birth: / / Sex: Male / Female

Address: _____

Postcode: _____

Home Tel. (including area code) : _____

Mobile Tel. (including area code) : _____

Work Tel. (including area code) : _____

Email address: _____



<i>Please indicate the category of membership you are applying for.</i>	
<input type="checkbox"/>	Full (Seven-day)
<input type="checkbox"/>	Midweek (Five-day)
<input type="checkbox"/>	Intermediate

By indicating a current email address you will be kept up to date with information about the club and any upcoming events or competitions. Your details will not be used for anything other than club business and will not be passed onto any third parties.

EMERGENCY CONTACT DETAILS:

The following details are not compulsory but should there be an emergency it would be useful to hold this information:

CONTACT INFORMATION - 1:

Next of Kin: _____

Relationship: _____

Contact No.
and or Mobile No.: _____

Doctor or Surgery and Contact No.: _____

Any medical information: _____

GOLFING HISTORY:

It is not pre-requisite for membership at "Clandon Regis" to have a golf handicap. However, we would like to know about your golfing history. Please complete the following with as much information as possible.

Are you currently a member at any other golf club? YES / NO If yes, please specify: _____

Have you ever been a member of any other golf clubs? YES / NO If yes, please specify: _____

Do you currently hold an official handicap? YES / NO If yes, please specify: _____

Any other information e.g. have you held an EGU handicap previously, if so how long ago?: _____

Please turn over.

GENERAL INFORMATION:

What is your current occupation?

Have you played at Clandon Regis Golf Club before, either in a casual game or in a society?

How did you first hear about Clandon Regis Golf Club? *(please delete as appropriate)*

Local Advertising Members recommendation Other: _____

Do you have anyone in your family who is currently, or has ever been, a member at Clandon Regis Golf Club?

If please specify relationship: _____

Do you know any current members at Clandon Regis Golf Club?

If you know of any friends or colleagues who may be interested in Clandon Regis Golf Club please give their names and addresses below and we will be pleased to send them details:

PAYMENT:

At Clandon Regis Golf Club we accept the following forms of payment for your membership:

Please indicate your preferred method.

- | | | |
|----------------|--------------------------|--|
| CASH | <input type="checkbox"/> | <i>Please do not send any form of cash payment through the post.</i> |
| CHEQUE | <input type="checkbox"/> | <i>Please make cheques payable to "Clandon Regis Golf Club Ltd."</i> |
| BACS | <input type="checkbox"/> | <i>Please contact the club office for more details</i> |
| DEBIT CARD | <input type="checkbox"/> | <i>Using either your PIN number or security code as forms of authorisation</i> |
| PREMIUM CREDIT | <input type="checkbox"/> | <i>Spreading the costs over 9 months - please contact the club office for more information or an application form.</i> |

I apply for membership to Clandon Regis Golf Club Ltd and agree to abide by the Club Rules and terms and conditions of membership set out therein. I understand that, as the company is limited by guarantee, I am liable for £10 only as a member of the club.

Signed: _____ Date: _____

FOR OFFICE USE ONLY.

Entered in Club 2000:

Copy for Captain:

Swipe card No. :

Date payment received:

Authorised: