MEMBERSHIP APPLICATION FORM

IN ORDER TO PROCESS YOUR APPLICATION EFFICIENTLY, PLEASE ENSURE THAT ALL RELEVANT FIELDS ARE COMPLETED

TITLE	FIRST NAME(S)	LAST NAME
ADDRESS		
POSTCODE		DATE OF BIRTH / / / /
TELEPHONE		MOBILE
EMAIL*		
7 DAY (FULL) OFF PEAK COMMUNITY	ATEGORY APPLIED FOR (PLEASE TIED) 7 DAY (20-24 AGE GROUP) 5 DAY CORPORATE (CORPORATE MEMBERS ONLY)	CK ONLY ONE PER APPLICATION) 7 DAY (25-30 AGE GROUP) 7 DAY (80+) JUNIOR (AGED 19+) BRONZE
PREVIOUS CLUB	AND HANDICAP (IF APPLICABLE) HCP	HANDICAP CDH NUMBER (IF KNOWN)
HOW WILL YOU BE PAYING FOR YOUR MEMBERSHIP? (Please tick only one)		
Cheque Bank Transfer Standing Order/Direct Debit Other (specify)		
contact you about co get in touch via ema Also, from time to til we feel may benefit of to receive these pror Yes, I agree for the c	TOUCH: It is important that the club can burse and membership information, so we will all whenever we feel it is necessary to do so, me we will have 3rd party promotions which our members. Please tick this box if you wish motions. We never sell on your details. BER WHO INTRODUCED YOU:	SPECIAL REQUIREMENTS?
I, the undersigned, hereby make application for membership of Kingsthorpe Golf Club and agree to pay the subscription upon receiving notice. If such payment is not received within 4 weeks of advice my membership will be automatically cancelled. I understand that my acceptance constitutes a binding agreement to be bound by the Constitution of Kingsthorpe Golf Club and amendments, which may be made, within the rules laid down in that Constitution.		
SIGNED		DATE

KINGSTHORPE GOLF CLUB, KINGSLEY ROAD, NORTHAMPTON NN2 7BU Tel: 01604 711173 www.kingsthorpe-golf.co.uk pro@kingsthorpe-golf.co.uk

