

Shirley Park Golf Club Limited

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APPLICATION FOR JOINT GOLF MEMBERSHIP Once you've downloaded this pdf you can complete it by typing directly onto it and send it to the email address above, a digital signature is acceptable or you can sign the form when you come in to see us. Or you can print the form, complete it by hand and send it by post. Surname _____ Mr ___ Mrs | Miss | First Name(s) _____ Date of Birth ____ Postcode Phone (home) _____ Phone (mobile) ______ Phone (work) _____ Occupation (if retired state previous) ______ Employer _____ Previous Golf Club ______ Date(s) _____ We are not members of a Golf Club — We think our handicaps are about and and Spouse / Partners Full Names ______ Date of Birth _____ email ______ Phone (home) _____ Phone (mobile) ______ Phone (work) _____ Occupation (if retired state previous) ______ Employer _____ Previous Golf Club ______ Bandicap _____ Date(s) _____ Type of Membership (please tick) Joint Full Golfing Joint 5-Day Golfing Joint Full Golfing & 5-Day Golfing Joint Cat C (19–21 years) Joint Cat D (22–25 years) Joint Cat E (26–33 years) Other Combination I / we agree to be bound by the terms of Memorandum and Articles of Association and Rules and Regulations of Shirley Park Golf Club. I agree to pay the current subscriptions & entry fee which form part of this application. Signature _____ Date _____ _____ Date ____ This information will be used by Shirley Park Golf Club and will not be given to outside agencies unless specific permission to do so has been given by you. Your name and telephone details will be printed in the Club diary and members section of our website. TO BE COMPLETED BY THE CLUB

From a friend/relation	Shirley Park Website	Ad in newspaper
Poster (in club)	Poster (Proshop)	Poster (club entrance

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