



# Ashford (Kent) Golf Club

Membership Application Form - 2019

Full Name (BLOCK CAPITALS) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Tel.No. (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Business No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you currently a member of a golf club (Y/N ) \_\_\_\_\_

If Yes, Club Name \_\_\_\_\_

Current Club Handicap \_\_\_\_\_ CDH Unique ID Number \_\_\_\_\_

Membership Category Applied For: (tick)

- 7-Day Unlimited
- 5 Day
- Flexi Membership
- Junior
- 2<sup>nd</sup> Club
- Non-Playing/Social

I would like to apply to become a member of Ashford (Kent) Golf Club and agree to adhere to the rules of the club.

Date: \_\_\_\_\_

Signature \_\_\_\_\_