

# **BEXLEYHEATH GOLF CLUB MEMBERSHIP FORM**

Club House, Mount Road, Bexleyheath, Kent, DA6 8JS  
Tel: 020 8303 6951 (Club Manager) 020 8303 4232 (Club House)  
Email: [bexleyheathgolf@btconnect.com](mailto:bexleyheathgolf@btconnect.com)

## **Part 1 For Completion by the Applicant**

Name in Full: .....

Occupation: .....

Date of Birth .....

Address for Club Register .....

..... Post Code .....

Email Address .....

Telephone No..... Mobile No.....

Please ✓ membership category applying for:

Junior 5-Day Intermediate Twilight 2 for 1 Social

18 Months for 12 Months Other – please state.....

Other Golf Clubs (and handicaps): .....

*I confirm the above particulars and acknowledge the conditions of application. In the event of my being accepted as a member of Bexleyheath Golf Club, I agree to abide by and be subject to the Club's Rules.*

Signature of Candidate..... Date: .....

## **Part 2 – For Completion by the Proposer and Seconder**

**Please note that Part 2 is not applicable if you have not known a member for 2 years or more.**

Proposer's Name .....

*(block capitals)*

Proposer's Signature.....

Seconder's Name .....

*(block capitals)*

Seconder's Signature.....